MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 CERTIFICATE OF DEATH funeral and 2-death. PLACE DE DEATH 13 AL USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND BACTIMORE b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours RUMAL .= AUTMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely ive carbon p NO L within YES 3. NAME DE First Middle DATE Last 4. Month Day Year DECEASED DF DEATH BRIGH OMAS (Type or print) 19 66 5. SEX 6. COLOR AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. NEVER MARRIED any Months | Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 6/C SCHOOL death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) w cremation. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit is or to burial, cremati INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. MYOCARDAL DUE TO HYPERTENSION Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health 19. WAS AUTOPSY certificate PERFORMED? NO D YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) After this certill the detached to OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p,m at work at work OIRECTOR: Jage 3 should 21. I certify that (I) (this hospital) attended the deceased from 4 447 19 and that death occurred at 4 1/2/M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page M.D. PHYS. DIRECTOR 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) LOCKY BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) Buria! 10/7/66 Moreland Memorial Cem 25a. REGISTRAR | 25b. 24. FUNERAL DIRECTOR REC'D BY VR A15 (4) 1050 York Rd. 21204 Wm. Cook-Brooks Towson DATE 20M 1/65

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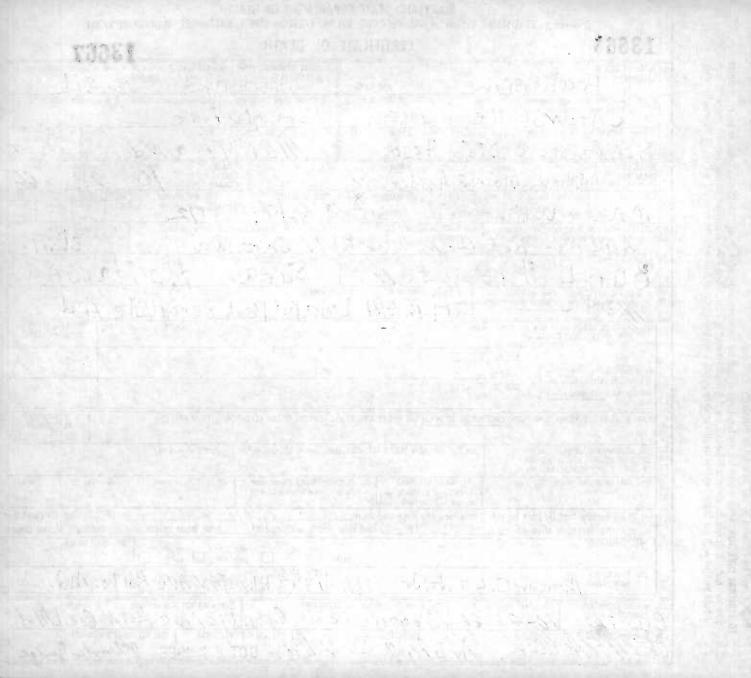
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	ATT rets ECTC 3 sh with	saw the deceased alive on Oct. 4 12 1966, and that death occurred at 7.00M, from the causes and on the da 22a. SICNATURE 22b. DATES	ICNED
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13665 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon papers. Pages 1 ord PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o STREET e. IS RESIDENCE ON A FARM? within NO X YES | NAME OF DATE Year DECEASED orris DEATH AGE (In years IF UNDER 24 HRS DATE OF BIRTH last birthdoy) Months Doys Hours WIDOWED DIVORCED KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTR 14. MOTHER'S MAIDEN NAME remova Page 4 may be retained by the cartificate has been signed by the attending ply for FUNERAL DIRECTOR; After this certificate has been signed by the attending ply in the buriol-transit permit. Then 17. INFORMANT (Yes, no, or Inknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) the hospital or attending physician. DUE TO 12hu Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CFRTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Jo. (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from 19 6 to that (1) 19 65, to be retoined saw the deceased alive an. 19 (and that death accurred at 435 PM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) should NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3567 CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Baltimore b. COUNTY after P by the Pages MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b oon papers. Pag within 72 hours hours imonium Limonium .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled 2070 York Road 2070 completely NAME DE First Middle Last DATE Month 4. DECEASED 0F Elizabeth event, Arnold (Type or print) DEATH Uctober and con remove 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED any WIDOWED X DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR attending physician rmit. Then please during most of working life, even if retired) LNDUSTRY, and Housewile Parulana Uwn Home certificate removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Kelly Paru Hessian 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. tion, or 1 (Yes, no, or unkown) | (If yes give war or dates of service) Family cremation, NO None records the been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. has (c) CERTIFICATION for use Health a certificate hospital 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: detached fi te Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Hour a.m. While Not While After 19 at work at work retained OUT director, page 3 should should be filed with the P 1956 the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22a SIGNATURE pe ATTENDING STAFF PHYS. DIRECTOR \_\_\_ M.D. PHYS. PHYSICIAN'S ADDRESS 22c. 22d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Joseph emeteru Jurial

last birthday) | Months | Days Hours 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH ERIOSCIEROPE VASCUME DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. PERFORMED? YES [ NO E 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (County) (State) 1966, that (I) (we) last and that death occurred at 7 P. M. from the causes and on the date stated above. 22b. DATE SIGNED OCT. 23d. LOCATION (City, town or county) (State) Parulana REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Sons. Burns lowson.

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Day

YES

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Year

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VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give nagrast town) write RURAL and give nearest town 24 Baltimore === within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS 8423 Belair Road Stella Maris Mossice completely executed 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Typa or print) DEATH October Marv Magdalena Baer and con carbon it, withir 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED T DIVORCED [ certificate 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) USA actory worker Ulcnov, Czechoslovakia 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Frank Pojar Mary Mara 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawar or dates of sarvice) attending physician.

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burial-transit permit. Th Frank Richard Tesar Belair Rd. 218-09-5017 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 5 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which " (6) gave rise to immediate causa DUE TO (a), stating the undarlying causa last. 0 hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Se o use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, straat, offica bldg., atc.) Not Whila Hour a.m. 50 at work at work p.m. DIRECTOR: pinous 0/1/0/19....., and that death occurred at 2.2.M, from the causes and on the date stated above. saw the deceased alive on Datas OR 22a. SIGNATURE MED PHYS. DIRECTOR 3 PHYS. FUNERAL M.D. HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Robert filed v ahon, M 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) 053 Holv Kedeemer Cemeterv 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE OCT VR A15 (4)

20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO.

19 05

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO 3

(State)

DATE

(State)

SIGNED

YES

Year

TO HOSPITAL CR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after be eath. Page

S TO FUNERA.

AECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE						
DIVISION OF STATISTICAL RESEARCH AND RECORD	os, 301 W. PRESTON TE OF DEATH	STREET, I	BALTIMORI	1, MARY	LAND	
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					A FARM
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3. NAME OF First Middla DECEASED	Last	4. DATE	Month	D	ay Yaa	r
(Type or print) Anna M.	Bauer	DEATH	10	2:	1 19	66
5. SEX 6. COLOR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years		R IF UNDER	R 24 HRS.
F W WIDOWED DIVORCED	10-16-1895		last birthday)	Months Day	s Hours	Min.
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13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
James L. Webb	Fannie E	arker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) (Ifyesgivewarordatesofservice)	7. INFORMANT		Address			
no	Albert Bauer		A	bove		
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)					INTERVAL BE	
PART I. DEATH WAS CAUSED BY: Carcinoma of	right ovary	with	genera.	lized	8 MO.	
DUE TO Metastasis						
Conditions, if any, which gave rise to immediate cause						

	d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in hospit	al, giva street addre	ss)	d. STREET ADDRES	S				RESIDENCE
	516월 H	ampton La	me			516호	Hampt	on			NO A
3.	NAME OF DECEASED	First		Middla		Last	4. DATE	Month	D	ay Ya	br
_	(Type or print)	Ann		M.		Bauer	DEATH	TO	2		66
5.	SEX	6. COLOR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		. AGE (In years   last_birthday)	-		R 24 HRS.
	F	W	WIDOWED	DIVORCED		0-16-189	5	71 yrs.	Months Day	s Hours	Min.
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13	. FATHER'S NAME				1	4. MOTHER'S MAIDE	NAME				
1	James L.					Fannie	Barker				470
15 /V	WAS DECEASED EV	ER IN U.S. ARMED FOR fyes give war or dates of s	CES? 16. SC	OCIAL SECURITY NO	). 17. IN	FORMANT		Address			
1	no	Tyes give water dates ors	ervice)		Alb	ert Baue	r	A	bove		
	18. CAUSE OF D	EATH [Enter only one	cause par lina	for (a), (b), and (c)	.)					INTERVAL B	
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)			f ri	ght ovary	y with	genera	lized	8 MO	• DEATH
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MEDICAL	20c. TIME OF INJU Hour a.m.	RY Month, Day, Ye	ar 20d. IN. Whila at work	Not While at work		OF INJURY (Home, fa , street, offica bldg., e		y or town)	(County)		(Stata)
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	22a. SIGNATURE	Floud	Sa	calas	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Oct.		1988
	22c. PHYSICIAN'S	o so off	CA	The C	711121	22d. ADDRESS					
	NAME (Type)	Dr. Lloy	rd E.	Saylor		3902 G	reenmo	unt Ave	.,Bal	to.,M	d.
23	Ba. BURIAL, CREMATI	ON, 23b. DATE THE	REOF 2	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOC	ATION (City, tow	n or county)	(	Stata)
1	Burial	10-24-	-66	Oaklawn				timore			d.
	FUNERAL DIRECTOR			ADDRESS	1 17 1			TRAR 256. REG			
I	I.W.Jenki	ns & Sons	3 Co.4	905 Yorl	Rd.	,Balt GATE	OCT 24	1966	yclian	es Jus	ge_

STON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. OF DEATH funeral and Z hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY after the MARYI AND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Page any event, within 72 hours filled in d. STREET ADDRESS give street address) completely i NAME OF Month 3. Last DATE OF DEATH DECEASED THONY (Type or print) executed AGE (In years | IFUNDER 1 YEAR 5. SEX 6. COLOR OR 7. MARRIED NEVER MARRIED Months Davs and DIVORCED WIDOWED 12. CITIZEN OF WHAT E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) physician in please r COUNTRY during most of working life, even if retired) INDUSTRY and death certificate MOTHER'S MAIDEN NAME 13. FATHER'S NAMI 14. attending phermit. Then remova 17. INFORMAN 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? BALTA, MO. 2.12-03 transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) OLD COURT Pel. the been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). The law requires that the PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. I AROMBOSI IMMEDIATE CAUSE (a DUE TO CARDIOYASCULAR Conditions, If any, which (b) gave rise to Immediate DUE TO (a), stating OF PROSTATE prior underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (County) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospitel) attended the deceased from 10. 1955, to. and that death occurred at 3.330M, from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 4 may TO HOSPITAL 22d. ADDRESS PHYSICIAN'S 22c. director, should be NAME (Type) 23b. DATE THEREO OF CEMETERY OR CREMATORY town or county) BURIAL, CREMATION, REMOVAL (Specify) 5476 wrece REGISTRAR'S SIGNATURE 25a. FUNERAL DIRECTOR REC'D BY Charlen

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

FUNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

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(State)

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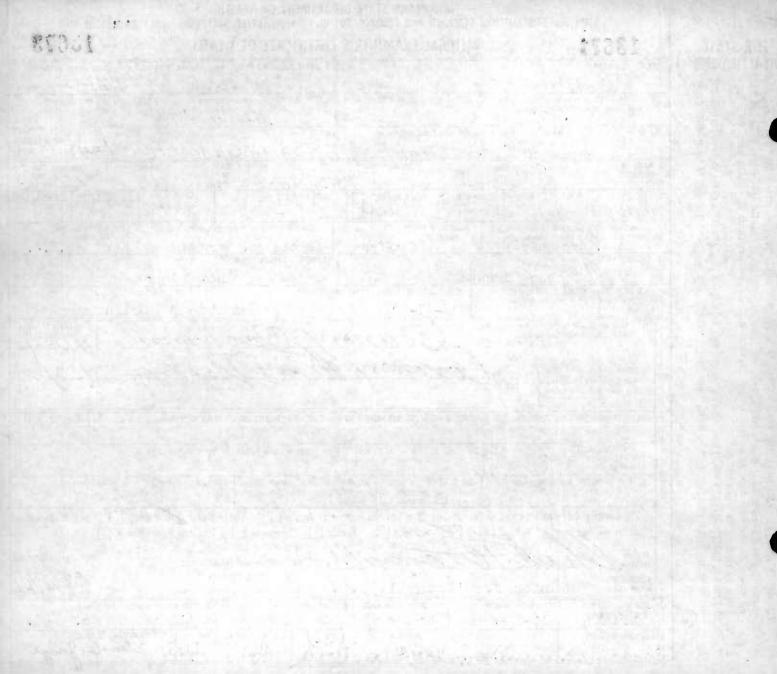
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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13671 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY DR TDWN (If outside corparate limits, c. LENGTH DE STAY IN 1b outside corparate limits, write RURAL and give negrest tawn) and PM3. write RURAL and give peorest town) +IMOPF d. NAME DF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? haurs alang with form Item 18. Give Pages 3. NAME OF Middle 4. DATE Doy Year DECEASED OF DEATH within (Type or print) S. SEX 1 YEAR 6. COLDR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS birthday) Manths Davs Haurs WIDOWED DIVORCED haurs 10o. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? U.S.A. Auto. Mechanic Pfeiffers Baltimore, Maryland e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner' 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within Frank Bennett Anna Deiner 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT be executed (Yes, ng, ar unknown) (If yes give wor or dotes of service) removal 275-07-9803 Mrs Matilde Bennett 9531 Parton Avenue 34 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DISET\_AND DEATH 0 IMMEDIATE CAUSE (o) certificate should writing the ward crematian. DUE TO Conditions, if any, which gave rise ta immediate cause (o). DUE TO stating the underlying cause last. burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) PERFORMED? the certificate. NO 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should agent, priar PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) may be refained for your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection ... Inquiry . and in my opinion death resulted from:// Natural couses Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURA TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F. O'Donnell, M.D. Health , NAME (Type) Address (Street, city, town, or county) 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 50 REMOVAL (Specify) Gardens of Faith Cemetery Baltimore Co. Md. 10-19-1966 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Milarley DATE VR A15ME 13 1966 7401 Rela.



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4. 20.	13672 CERTIFICATE OF DEATH
hours after death. d in by the funeral rs. Pages 1-and 2 hours after death.	1. PLACE OF DEATH a. COUNTY  Baltimore County  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY  DATE (IT
r certificate be executed within 24 hours after defending physician and completely filled in by the furth. Then please remove carbon papers. Pages 1 and completely mithin 72 hours after defended.	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Wite RURAL and give nearest town)  Mount Wilson  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE
fille pape	Mount Wilson State Hospital 680) GOLGHE STEET YES NO X
l withir npletely carbon ent, witl	3. NAME DF DECEASED (Type or print) MARIE HADALINE BENNETT BEATH 10 24 1966
executed within and completely remove carbon in any event, with	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  FENALE WHITE WIDOWED DIVORCED 12/2/12  9. ACE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
te be e ysician olease r	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  HOUSE WIFE  10b. KIND OF BUSINESS OR INDUSTRY  At Home  11. BIRTHPLACE (County & State, or Toreign country)  BALTIMOZE HARYLAND  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  At Home
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e attendon, or c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) (16 yes give war or dates of service) (17 yes give war or dates of service) (18 yes give war or dates of service) (19 y
The law requires that the death certificate be or attending physician. Sate has been signed by the attending physician use as the burial-transit perior. Then please salth prior to burial, cremation, or removal, and in	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) RRONCHO PNEURONE  Science
law requires that tending physician. has been signed bas the burial-tranprior to burial, cre	Conditions, If any, which gave rise to immediate (b) CONCRESTIVE CARDIAC FAILURE 3 days
aw requir ttending p has been as the bu prior to b	cause (a), stating the DUE TO DERMATO MYOSITIS  Gunderlying cause last.  Gunnetts
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PHYSICIAN: the hospital r this certifi detached fo te Dept. of H	
NG PHY by the fter thi be deta State De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Description of the pure a.m.   P.m.   19   Property of the pure at work   Property o
O HOSPITAL OR ATTENDING FORES 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from 7 - 12 , 1966, to 10 - 24 , 1966, that (I) (we) last saw the deceased alive on 10 - 24 , 1966, and that death occurred at 5 M, from the causes and on the date stated above.
AL OR A DAY be read by the read by page 3 relied with the read by	22a. SIGNATURE  M.D. ATTENDING   MED. DIRECTOR PHYS.   22b. DATE SIGNED    10/24/66
TO HOSPITAL Page 4 may O FUNERAL director, pag should be fill	Wm. Newcomer, M.D., Superintendent    22cl. ADDRESS   22d. ADDRESS   Mount Wilson, Maryland
TO HE Pag TO Fu direct Should be sho	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  BURIAL Specify) Oct. 1966 Holy Cross Cem.  Cerman Hill Rd. Balto.
E C	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SICNATURE
VR AI5 (4) 20M 1/65	The Dippel Brothers Inc. 1800 El Lombard St. DATE OCT 26 1966 Icharles Judge

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## MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION OF STATISTICAL RESEA	AKCH AND RECORDS, 30	I W. PRESION SIREEI, BA	LITMORE, MARTLAND	21201
(IVI)		13678	CERTIFICATE	OF DEATH	13	675
funeral s 1 and ter death	1.	PLACE OF DEATH D. COUNTYBaltimore	MARYLANĎ	2. USUAL RESIDENCE (Where de o. STATE Marylan	ceosed lived, if institution: Res b. COUNTY B	idence before odmission)
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ampletely fil ve carban p event, with	1	NAME OF First DECEASED Type or print)  George	John	Benson OF DEA	10	Doy Year 9 19 66
an. by the attributing physician and campletely fronsit peruh. Then please remove carban crematian, or removal, and in any event, with	S.		NEVER MANUEL	B. DATE OF BIRTH 2/17/95	9. AGE (In yeors lest birthdoy) Mont	DER 1 YEAR   IF UNDER 24 HRS. hs Doys Hours Min.
	10o. duri		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & Stote, of Hungary	or foreign country) 12	CITIZEN OF WHAT
physion property	13.	FATHER'S NAME George J Bens	on	14. MOTHER'S MAIDEN NAME Unknown		
	1S. (Ye			INFORMANT Vrs Emma E Be	nson 4137 B	aker Lane
an. by the att transit pert crematian,		1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	(o), (b), and (c).)	edema		INTERVAL BETWEEN ONSET AND DEATH
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_ ~		21. I certify that (I) (this haspital) attend	ded the deceased fram_ 6 1966, and tha	7 etc , 1966 it death accurred at <u>8135</u>		19 <u>66,</u> that (I) (we) las in the date stated abave
may be retained by  **RAL DIRECTOR: Afte  r, page 3 should be  l'be filed with the Sta		220. SIGNATURE	/ Term	7 111101	STAFF C	o. DATE SIGNED
- O)		22c. PHYSICIAN'S NAME (Type) Charles M Kerr		22d. ADDRESS 6801	Belair Rd.	
rage 4 may TO FUNERAL director, pa shauld be fi	230	BURIAL (REMATION, 23b. DATE THEREOF 10/12/66		emetery	Mt. Aurey	fred. (State)
VR A15 (4)	24	Leonard & Ruck Inc.	305 Harford	Rd. 250. REC'D BY REC	GISTRAR 2Sb. REGISTRAL	R'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13675 CERTIFICATE OF DEATH death filled in by the funeral papers. Pages I ond-2 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland requires that the death certificate be executed within 24 hours after tronsit permit. Then please remove carbon papers. Pages 1 cremation, or removol, and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Fort Howard 34 days Baltimore IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Veterans Administration Hospital 2134 Pemrose Street YES NO 3 3. NAME OF Middle First Lost 4 DATE Doy Year DECEASED EDWARD BOOKER DEATH October 10 (Type or print) 9. AGE (In years 68 lost birthdoy) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED Months Oct. 16, 1897 Male Negro WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13% FATHER'S NAME Annie MN: Booker Name Unknown 17. INFORMANT 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service) 218 10 46 37 Clinical Reds. VA Hospital. Fort Howard, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the buriof-tronsit p HOURS DEATH PART I. DEATH WAS CAUSED BY: TERMINAL PNEUMONIA IMMEDIATE CAUSE (a) DUENTE buriol. MULTIPLE PULMONARY ABSCESSES Conditions, if ony, which gove DAYS rise to immediate cause (a) XXDMETE stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending hos been ENCEPHALOMALACIA DUE TO ARTERIOSCLEROSIS MONTHS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use should be filed with the Stote Dept. of Heolth 1 CERTIFICATION YES X FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (X (this haspital) attended the deceased fram Sept 6 19 66 to Oct. 10 19 66 that (K (we) last saw the deceased alive an Oct. 10 1966, and that death accurred at 7:30 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 10/11/66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S GEORGI DUDAS. M. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 9 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS FUNERAL DIRECTOR** ELROY O. WILSON FUNERA

Ford Bourns, M.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3676 CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. COUNTY Baltimore . STAMaryland by the MARYLAND deat b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Randallstown filled in Pages 1 Randallstown within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8501 Fieldway Drive 8501 Fieldway Drive YES NO completely papers. 3. NAME OF Middle 4. DATE Month Yeer DECEASED OF (Typa or print) Lawrence Harris Bowen DEATH 10-8-66 19 carbon t, withir 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS pue lest birthday) Male white Months | Devs WIDOWED [ DIVORCED attending physician Then please remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if retirad) Textile West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 Hiram Bowen George and Catherine V. Gaff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or dates of service) -0/-633MrC.J. Reed 8501 Fieldway Dr. Randallstown, Md been signed by the permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, certificate has been signe r use as the burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION as o PERFORMED? prior NO T 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH be retained by the CTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. ō at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from. 19 ....., that (1) (are) last ....., and that death occurred at M, from the causes and on the date stated above 22b. DATE ATTENDING MED SIGNED death. Page 4 PHYS. DIRECTOR PHYS. M.D HOSPITAL page with t 22 HYSICIAN'S 22d. ADDRESS NAME (Type) Julius C. Gluck 5356 Reistertown Rd rector, 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Specify) 0 5 8 Lakeview Memorial Liberty Rd, Carroll Co. Md. OH 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13678 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. bon popers. Pages I gra-within 72 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 358 DAYS LEONARDTOWN and completely filled in restove carbon popers. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? ROUTE 1 VETERANS ADMINISTRATION HOSPITAL YES NO X 3 NAME OF Middle 4. DATE First Last Month Day Year DECEASED JAMES ENOCH BOWLES OCTOBER 10 66 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED birthday) Hours DECEMBER 17.1900 WHITE WIDOWED DIVORCED MALE 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY ottending physician permit. Then please U.S.A. FARM REDGATE, MARYLAND FARMER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol. DANIEL BOWLES MARY ALICE GRAVES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no extention) (If yes give war or dotes of service) 216 54 10 23 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit BONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (a) signed by DUE TO LAENNEC'S CIRRHOSIS WITH MASSIVE ASCITES UNKNOWN Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause os the 19. WAS AUTOPSY PEREQRMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has CERTIFICATION for use State Dept. of Health YES Z NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, affice bldg., etc.) Not While at work to 10/10/66 . 19 that A (we) lost 21. I certify that (IX this haspital) attended the deceased from\_ and that death accurred at 8:15AM, from causes and an the date stated above. 6619 saw the deceased olive an 10/10 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10/10/66 DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) PAULINO D. DEOCAMPO, M. VAH FORT HOWARD, MARYLAND D. 23b. DATE THEREOF Oct. 13, 1966 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, ST. JOHNS CEMETERY HOLLYWOOD, MARYLAND REAL HOME 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley W. Clarke Mattingley LEONARDTOWN, MARYLANDATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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		2a. SIGNATURE	SCX	mls-	6	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. [	10/7/6	
	2	2c. PHYSICIAN'S NAME (Type	ABDUL S. Q	URESHI,	M. D.	VAH FORT	HOWARD, MARY	YLAND		
	23a. B R BI	URIAL, CREMATION EMOVAL (Specify URIAL)	ON, 23b. DATE TH		23c. NAME OF CEMETERY BALTIMOR	D MADTOMAT	23d. LOCATION (City BALTIMO	or Town) ORE, MAI	(County) RYLAND	(State)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending of the director, page 3 shauld be detached far use as the burial-transit permit. If so, should be filed with the State Dept. at Health priar to burial, crematian, or remova

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13682 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Maryland b. COUNTY Baltimore MARYLAND remove corbon papers. Pages 1 in ony event, within 72 hours after and completely filled in by the transfer of pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore lowson d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 3103 E. Northern Parkway St. Joseph Hospital YES NO X NAME OF 4. DATE Day Year DECEASED Brickner Oct. 2, DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE DATE OF SIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Davs Hours 2-12-98 White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? Baltimore, Md. Housewige 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) John same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Brian tumor, left hemisphere IMMEDIATE CAUSE (a) \_\_\_ Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause for use os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram Sept. 21, 1966, to Oct. 2, 1966, that (I) (we) last 19 66, and that death accurred at 9:30 M, fram causes and an the date stated abave. saw the deceased alive an Oct. 2. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. Oct. 2. 1966 DIRECTOR M.D. 22d ADDRESS 7620 York Road, 21204 22c. PHYSICIAN'S Efraim L. Reyes. NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Baltimore, Holy Redeemer emeter 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ruck Inc Baltimore, Md. 1966 DATE 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13684 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE b COUNTY delay is and 3 to M3. Page death MARYLAND Maryland partment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town) Baltimore after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 18. Give Pages 1, alang with farm Del haurs Belvedere Ave St. Joseph's Hospital NO X ate 24 haurs after death. 3. NAME OF Middle DATE Year DECEASED S. within BURNEH DEATH 19 66 (Type or print) 9. AGE (In years S SEX DATE OF BIRTH IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED June 12, 1891. lost, pirthdoy) Months Doys Hours Waite WIDOWED DIVORCED event 0 11. BIRTHPLACE (Stote or foreign country)

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Housewife INDUSTRY COUNTRY? d 'pending' in pencil in Chief Medical Examiner's pencil i 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME Albert Johnson Elizabeth Stein an 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no prunknown) (If yes give wor or dates of service) 227-03-0242D remaval Miss Naomi Burnett (Same) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Or IMMEDIATE CAUSE (o) certificate shauld writing the ward crematian, DUF TO farwarded to the Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse 0 burial, WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. YES NO please execute the certificate. 0 pe 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work designated Inspection-21. I certify that I tank charge of the remains described above, held an Autopsy Inquiry and in my opinion for death resulted from funeral director. Natural causes Accident Suicide Undetermined manner Hamicide | | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER EXAMINER'S Charles F. O'Donnell NAME (Type Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 50 REMOVAL (Specify) Loudon Park Cemetery 11/1/66. Baltimore. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR achanter VR A15ME (5) Leonard J. Ruck Inc. Balto. Md. 21214

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission), O. STATE MARY LAND o. COUNTY b. COUNTY 0 2 BALTIMORE MARYLAND Departmen b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) guq write RURAL and give nearest town) after BALTIMORE 10450N d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE haurs alang with farm ON A FARM? 8. Give Pages NO NAME OF 4. DATE Doy Year within 72 DECEASED inton 19 66 DEATH with S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours WIDOWED DIVORCED haurs event OCCURATION (Give kind of work done 10b. KIND OF BUSINESS OR (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAME DEPT. L. Examiner's pencil within BLOOMFIELD BESSIE be executed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) pending" remaya CARTER 2257 18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY burial, crematian, ar IMMEDIATE CAUSE (o) should writing the ward DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO certificate stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, priar 3 should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page While ot work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy ond in my opinion Inspection Inquiry deoth resulted frame Natural causes. Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health O'Donnell, Charles Address (Street, city, town, or county) BURIAL, CREMATION (Stote) 23d. LOCATION (City or Town) TARK Loudon ALTIMORE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA	44 100 00	)[	13686 MEDICAL EXA	AMINER'S CERTIFICATE OF	DEATH 13688
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y delo	e State Department af 72 haurs after death.		write RURAL and give nearest town) Baltimore	Perry Hal	1 03./
dn, 2,	s af		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addr	ess) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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ath ag	Sta 2 h			dle Lost 4.	DATE Month Doy Year
9 -	モ -		DECEASED (Type or print)  DIANA  MARGARET	CARTER	OF DEATH 10-8 19 66
Gi Gi Ianç	with the		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   If UNDER 24 HR
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24 in l r's (	ges 1 any		during most of working life, even if retired) UNDUSTRY Triangle	e Cycle   Baltimore,	Maryland 12. CITIZEN OF WHAT COUNTRY 2U.S.A.
iner in	oage in a		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	
	100		Charles M. Bruff Sr.		Lina L. Brown
	al al		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT		Address
d be executed 'pending' in Chief Medical	it permit remaval,		(Yes, no, or unknown) (If yes give wor or dates of service) 213 - 40	0-0486 Mr Charles B	Bruff Sr. 8864 Belair Road 36
ndir Med	burial-transit perm mation, ar remava	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (o		INTERVAL BETWEEN
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s certificate should e, writing the ward farwarded ta the Cl	used as a burial-truburial, cremation,	٦1.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(o) 19. WAS AUTOPSY
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INE ce	3 sh nt,		20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRE	D 20e. PLACE OF INJURY (Home, form,	20f. (City or town) (County) (Stote)
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execute or. Page d far ya	red ted	3	21. I certify that I taak charge of the remains descri		Inspection M. Inquiry , and in my opinion
exe exe or. F	IRECTOR: Podes podesignated		death resulted fram: Natural causes , Accider		
MEDIC olease e director etained	esic			CHIEF MEDICAL EXA	=, _
MEDIC.	2 ×		SIGNATURE Charles J. La	M.D. ASSISTANT MEDICAL	EXAMINER X 22. DATE SIGNED
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O DEPUTY necessary, the funeral 5 may be r	FUNERAL DIRECTOR: Page calth or its designated age	2	NAME (Type) Charles S. Springa	te, M.D. Address (Street, cit	ty, tawn, or county)
O D D The	O FUNE Health		annual first to the state of th	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3687 within 24 hours after death by the funeral Pages 1 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore Ter MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) hours 34 days Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS campletely filled in e. IS RESIDENCE ON A FARM? event, within 72 5008 Grindon Ave. Veterans Administration Hospital NO X YES NAME OF attending physician and campletely formit. Then please remove carban 4. DATE Month First Lost Doy Year DECEASED 2 66 ROY HAMTLTON CARTER October 19 (Type or print) DEATH requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Hours May 19, 1908 and in any WIDOWED DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Home Improvement COUNTRY? A. Robert Lee. Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dovie Ann Eylie Henry T. Carter 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service)
Yes WW11 00 136 01 63 86 Clinical Reds. VA Hospital, Ft Howard, Md. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (Q NUK TOX burial, PULMONARY EDEMA RECENT Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse CARCINOMA OF ESOPHAGUS has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta UNKNOWN 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (\*\*) (this hospital) attended the deceased from saw the deceased alive an 10/2/66 19 , and tha Aug. 29 1966 to Oct. 2 19 66, that (1) (we) lost and that death occurred at 12:15%, from causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 10/3/66 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) MILTON GINSBERG D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
Burial Baltimore National Cemetery Baltimore, Maryland
AR | 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 8521 Loch Raven Blvd. VR A15 (4) 20 M 1/66 1966 Larley JOHNSON FUNERAL HOME DATE WILLIAM E. Balto. Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) e. COUNTY by the fand 2 s b. COUNTY MARYLAND þ b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 24 writa RURAL and give nearest town .⊆ hours after Pages 1 3vrs.5 mont within Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospics completely Dillon Heights papers. YES NO T 3. NAME OF 72 Middle 4. DATE Last Day Year DECEASED OF within XXXXXX Mary Jessie Challoner (Type or print) DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH pue 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest, birthdey) event, Months certificate female WIDOWED TO DIVORCED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired any Maryland G PHYSICIAN: The law requirements the hospital or attending physician, while certificate has been signed by the ettending physician certificate has been signed by the ettending physician that the please of the physician control of the please of the physician of please .⊑ death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ward Catherine Fahev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of sarvice) self 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 3. After this certificate has been signed by detached for use as the burial-transit perm INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hrs IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of item 18.) of Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: Dept. et work at work 19 p.m. pe to ....., 19....., that (1) (we) last 19...., to 0, to 0, that (1) (we) la 5, 6, from the causes and on the date stated above. 21. | certify that (I) (this hospital) attended the deceased from 2/2/32 plnods State | saw the deceased alive on....... 19......, and that death occurred at. may 22b. DATE 22e. SIGNATURE ATTENDING MED. HOSPITAL FUNERAL page death. Page .

TO FUNERAL

director, page
be filed with t DIRECTOR X PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert Mahon, L.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) OH REMOVAL (Specify) DThEDRAL 10 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1050 York SROOKS lowson Inc. DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13689 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH SPRING CAROVE ST. HOSPITA 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY P.M.3. Page 0 deoth. MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) pup write RURAL and give neorest town) ofter XXXXXXXXXXXXX Ighlehart (rural) Stunde d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours along with form e Stote | 72 hour Item 18. Give Poges YES NO X 24 hours after deoth. 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECFASED OF within . Mills (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ?\_ 04 58421 This certificate should be executed within pencil Examine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 = File ond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service removal, pending" no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH crematian, or IMMEDIATE CAUSE (o) icote, writing the ward be forworded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse used os buriol, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? CERTIFICATION the certificate, its designated ogent, prior to YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) should l PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) . (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge HOSD. (reove Da thurson pleose execute of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian the funeral director. Suicide deoth resulted fram: Natural causes | Accident Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY moy be necessary, 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 10/19/66 Gedar Bluff 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hopping Char VR A15ME (5) 1966 6M 1/66 HOPPING FUNERAL HOME DATE Annapolis.

17, THOSE AMERICAN STREET, THE PROPERTY OF THE PARTY OF THE P . Lana) James (Selfon hox nation)

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i pri			DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE TE OF DEATH	1, MARYLAND 13692
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ith cer	1	15.	Joseph Lindenbaum Was deceased ever in U.S. ARMED FORCES?   16. SDC IAL SECURITY ND.   17	7. INFDRMANT Address	
10 10 2	1	(Ye	s, no, or unkown) (If yes give war or dates of service)	Mrs. Dorothy Haskell 935 Prestwood Rd.	
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	9	CERTIF	2Da. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of it	em 18.)
PHYSICIA the hosp this cer detached e Dept. o		MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. Pl	PLACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bidg., etc.)	(County) (State)
		MED	nour a.m. While Not While p.m. 19 at work at work	1/5 1. 16/1	
OR ATTENDING be retained by JIRECTOR: Aften 3e 3 should be	7		21. I certify that (I) (this hospital) attended the deceased from_	/4 7 0 , 19 , to /0 /0 66 ,	19, that (I) (we) las
ATT reta			saw the deceased alive Dn 19 , and th		d on the date stated above 2b. DATE SIGNED
			He VIII and	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
TAL may	,		22c. PLYSICIAN'S NAME (Type)	22d. ADDRESS	
TO HOSPITAL Page 4 may O FUNERAL director, pa	1		Harry S. Gimbel M. 1	D. 4605 Edmondson Ave.	
TO HOSPITAL Page 4 ma TO FUNERAL director, pa	0	23a.	REMDVAL (Specify)		10000000
	K		Burial 10-21-66 Loudon F	Park Cema. REC'D BY REGISTRAR   25b. REGIS	STRAR'S SIGNATURE
VR A15 (4)	B		vitzke F. D4101 Edmondson Ave.	DATO CT 20 1966 gclu	arles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page af after death. MARYLAND and 3 partment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) PM3 write RURAL and give nearest town) ESSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? De haurs e alang with farm WESTWAY WESTWA NO V after death. 3. NAME OF First Last 4. DATE Month the DECEASED COBB OCT. 26 19 6 6 within (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED JUNE 24 haurs event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY pages I in any 5. ELECTRICIAN BENDIX pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address ar remaval, (Yes, na, or unknown) (If yes give war ar dates of service) 7 13-36-0651 ABOVE LOBB UNK PAFLLIS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) certificate should writing the word crematian, DUE TO Canditions, if any, which gave tat rise to immediate cause (o), DUE TO stating the underlying couse farwarded used as burial, a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. NO p pe 20a. EXTERNAL CAUSE WAS injury in Part I or Part II of item 18.1 agent, priar PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED PLACE OF INJURY (Hame, farm, factory, creet, office bldg., etc.) TIME\_OF INJURY Manth, Day, Year (City or town) Not While While may be retained for yaur FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection L Inquiry 7, ond in my opinion funeral directar. death resulted from: Notural couses Accident Suicide -Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) DAK LAUR BALTO MID BURLAL ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAD'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) TG. CONNEULT 300 MACE DATE 6M 1/66

# 100 #	13693	STATISTICAL RE	CERTIF	ICATE OF D		EI, BALIIMUR	13694	AND
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attendir attendir e has be se as th th prior	underlying cause last.	(c)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN IN PA	ART 1(a)   19.	WAS AUTOPSY PERFORMED?
CIAN: The la ospital or ati certificate h hed for use t. of Health p	20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY M	NDERLYING   201 CAUSE OF DEATH	DESCRIBE HOW INJU	RY OCCURRED. (Enter	nature of injury in	Part I or Part II of	YES	
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OR DIRE	22a. SIGNATURE	gn July	Poh .	ATTENDIN M.D. PHYS.		STAFF -	22b. DATE SIG	NED,
PITAL 4 ma ERAL or, p	22c. PHYSICÍAN'S NAME (Type)	Hugh J. W	elch, M.D.		DRESS		Balto.	
TO HOS Page 1 TO FUNI direct should	BURIAL, CREMATION, REMOVAL (Specify)		66 Oaklaw	emetery or cremator n Cem.	Un	iontown,	Pa.	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13693 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY BALTIMORE o. STATE b. COUNTY MARYIAND MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 36 DAYS FORT HOWARD BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 853 W. LEXINGTON STREET NO Y YES NAME OF Middle Lost 4. DATE Month First Doy Year DECEASED CALVIN MMN COLEMAN 10 21 19 66 (Type or print) DEATH YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In yeors IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours MALE NEGRO 5 25 67 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
TRUCK DRIVER'S HELPER INDUSTRY COUNTRY? BALTIMORE, MARYLAND USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CALVIN COLEMAN RACHEL HOLLIS 16. SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give, war or dates of service) 218 03 37 43 CLINICAL RECORDS-VAH FORT HOWARD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p RECENT DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PULMONARY EDEMA DUF TO Conditions, if ony, which gove (b) ARTERIOSCLEROTIC HEART DISEASE UNK rise to immediate cause (a), DUE TO as the prior to stoting the underlying couse be retained by the hospital or ottending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)
NOCARCINOMA OF KIDNEY W/METASTASIS TO THORACIC VERTABRA W/
PRESSION OF SPINAL CORD AND PARAPLEGIA WAS AUTOPSY PERFORMED? for use YES XX NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Not While 19 ot work ot work pe , 19 66 ta 10 21 , 19 66, that (Nr (we) last 21. I certify that (X (this haspital) attended the deceased fram 9 15 10 21 1966 and that death accurred at 7:05AM, fram causes and an the date stated above saw the deceased alive an 220. SISTNATURE 22b. DATE SIGNED ATTENDING unas 10 21 66 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PETER V. JUVAN. M. D. VAH FORT HOWARD. MARYLAND director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BURYLA Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ocharles 1966 ORLEANS STREET BALTO MD. ELROY O. WILSON 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH after death funeral I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) COLLINS OCTOBER 28, 1966 RICHARD RAY 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND 24 hours MD. P FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) Ë INSTITUTION Baltimore County fillod BALTIMORE #6 within 5515 HAMILTON AVENUE D. STREET ADDRESS (If rural, give lacation) 5515 HAMILTON AVENUE executed 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days last birthday) Hours WIDOWED, DIVORCED (specify) MALE WHITE MARRIED FEB. 15 1911 55 MALE WHITE MARRIED 12. CITIZEN OF WHAT COUNTRY? certificate be dane during most of working life, even if retired) CASHIER HALL'S MOTOR TRANSIT UNIONTOWN. PENNA. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LOUISE FREEMAN COLLINS requires that the death 15. Was Deceased Ever in U. S. Armed Forces? (Yes,na arunknawn) (Itt yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. RUTH O'NEAL COLLINS NO SAME 233-01-1814 the 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH physician. been signed by DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. Il means the disease, attending injury or complication which caused death.) MO. ANTECEDENT CAUSES has DISEASES OR CONDITIONS, if ony, giving OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate rise to the above cause (A) stating the UNDERLYING CONDITION last. 22. I certify that (1) (shis haspital) attended the deceased from that (1) (see) last saw the deceased alive an..... 19 66 ...and that in(my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (1) (We) ((did)) (did not) view the body after death. 23A. SIGNATUR 23B. DATE SIGNED Attending Med. Staff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type RICARDO LOZADA 1228 S. CHARLES STREET, BALTO., MD. TO HOST...
Page 4 may be TO EUNERAL F 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 24C. NAME of CEMETERY of CREMATORY (State) REMOVAL (Specify) WCODLAWN BALTIMORE. MD. BURIAL. 10/31/66. 25A. DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LEONARD J. RUCK, INC. 5305 HARFORD RD. 21214

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13695 CERTIFICATE OF DEATH licate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 2 aval. and in anv event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY g. STATE b. COUNTY Baltimore Maryland MARYLAND Caroline b. CITY OR TOWN (If outside carporote limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town)
Fort Howard 61 days Greensboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Veterans Administration Hospital YES NO X 3. NAME OF First 4. DATE Month Lost Year DECEASED LAWRENCE CONNER Oct. 19 66 DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED lost birthdoy) Months Hours Oct. 23. White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Handy Man COUNTRY? Greensboro, Md.

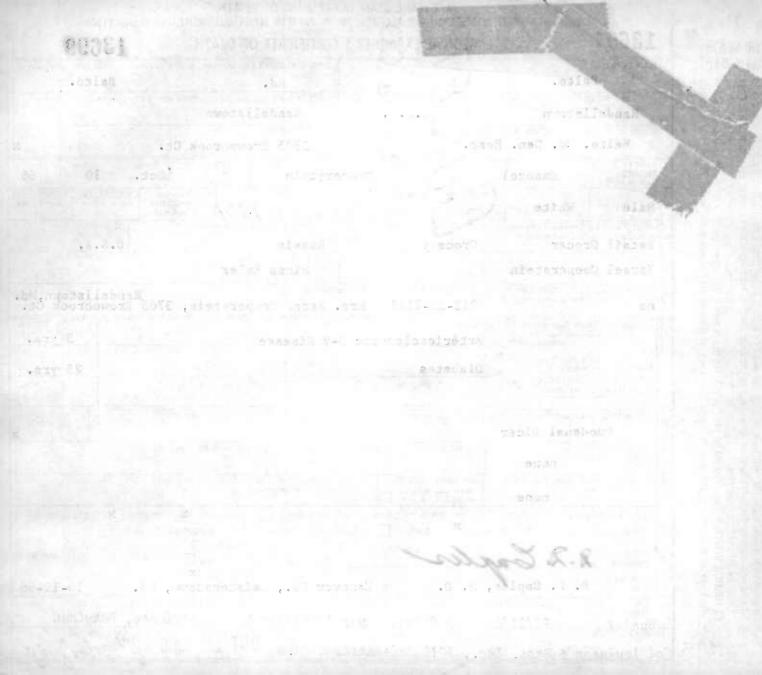
14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME Then I ar remova Richard Conner Cora Corkrane 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address law requires that the death ves give war or dotes of service permit. (Yes, no, or unknown) (If 216 14 20 09 Clinical Rcds. VAH Fort Howard, Maryland cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) buriol-transit PART I. DEATH WAS CAUSED BY 30NSEL AND DEATH EPTDERMOID CARCINOMA OF LUNG WITH METASTASIS IMMEDIATE CAUSE (o) DUE TO buriol, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health Chronic Bronchitis and Pulmonary Emphysema. NO X O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (x) (this hospital) attended the deceased from Aug. 1 1966 to Oct. 1 19 66thot (We) last sow the deceased olive on Oct . 1 19 66, and that death accurred at 1:00 M, from causes and on the date stated above. 22b. DATE SIGNED 10/1/66 22o. SIGNATURE annels STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS ADDRESS 22c. PHYSICIAN'S VA Hospital, Fort Howard, Maryland NAME (Type) PETER JUVAN. M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) Burial (Specify) Greensboro, Maryland Greensboro Cemetery JOHN E BOULAIS GREENSBROR, MO 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OC

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13697 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE deloy is and 3 ta Balto. b. COUNTY Balte. of death. MARYI AND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deportme ofter D. O. A. Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e State Dep 72 hours a Office olong with farm Balto. Co. Gen. Hesp. 3705 Brownbrook Ct. Item 18. Give Pages YES NO PK hours ofter death. NAME OF First Middle 4 DATE Month Dov Year DECEASED **Emanuel** Cooperstein Oct. 10 66 within 10 皇 (Type or print) DEATH with 5 SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED event puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retail Grocer INDUSTRY COUNTRY ? 24 in ony U.S.A. Grocery Russia poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Israel Cooperstein Minsa Exler File puq = IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre Randallstown, Md. rd "pending" in Chief Medicol B (Yes, no, or unknown) (If yes give wor or dotes of service) permit. removol 12-32-2112 Mrs. Sarah Cooperstein, 3705 Brownbrook Ct. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Artériosclerotic C-V Disease 0 certificate should writing the ward crematian, 1.60 X DUF TO Conditions, if ony, which gove Diabetes 25 yrs. (b) 0 rise to immediate couse (o), DUE TO 0 stoting the underlying couse 05 last. buriol, o nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Duodenal Ulcer This please execute the certificate, NO X pe 9 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior 200. EXTERNAL CAUSE THE PRIMARY OF CONTRIBUTING TO THE PRIMARY 3 should EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office blda., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge nonel9 ot work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X ond in my opinion Notural couses funerol director. deoth resulted from: Accident | Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 m. TO FUN. Health o D. D. Caples, M. D. 6 Hanover Ridges (Redsterstown, Md. NAME (Type) 10-11-66 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore, Maryland Chizuk Amuno (Arlington) 10/11/66 Burial 24. FUNERAL DIRECTOR 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) leavely Sol Levinson & Bros. Inc., 6010 Reisterstown Rd, DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1369	8	CERTIFIC	ATE OF DEATH		137	nn
PLACE OF DEATH     o. COUNTY	Baltimore	MARYLAN	a. STATE	(Where deceosed lived, if instit aryland b. (0	utian: Residence UNTY	before admission)
write RURAL ar	(If autside carparate limits, and give nearest fown)		В	autside corporote limits, write Raltimore,	21214	nearest tawn)
d. Name of Hospi	St.Joseph Ho		d. STREET ADDRESS	807 Richard Av	enue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Charlotte	Middle G.	Creswell	OF	october	Doy Year 8, 19 66
S. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-30-93	9. AGE (In yeors lost birthdoy) 73 yrs.	Months 1	
during most of working Homema	ON (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Baltimo		12. CITIZ COUI	ZEN OF WHAT NTRY? USA
13. FATHER'S NAME Georg			14. MOTHER'S MAIDE	un		
1S. WAS DECEASED YOU (Yes, no, ar unknown)	/ER IN U.S. ARMED FORCES? (If yes give war ar dates of sen	16. SOCIAL SECURITY NO. 219220400	17. INFORMANT Louis Scho	,	same	
18. CAUSE OF I PART I. DE	DEATH (Enter only one couse pe ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) _	Severe anemia.				INTERVAL BETWEEN ONSET AND DEATH
Canditians, if on rise to immedia stating the und	ote couse (o),	Cardiac insuffi Ulcerative coli		STATE OF BUILDING		
PART II. OTHER S	_	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury	in Port I or Port II of item 18.)		
Hour o	.m. 19	While of work Of work	e. PLACE OF INJURY (Home, fo factary, street, affice bldg., e	etc.)	(Coun	
saw the o	deceased alive an Oc	l) attended the deceased fra	m <u>Sept. 22</u> I that death accurred	, 19 <u>66</u> , to <u>Oct</u> a <u>5:30A</u> M, fram cause	s and an th	e date stated abav
22a. SIGNATURI	-DRS on	ware	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		. 8,1966
22c. PHYSICIAN' NAME (Typ	e) D.R. Gov	inda Rao, M.D.	7620 You	rk Road, Towso		21204 Caunty) (State)
230. 8URIAL, CREMAT REMOVAL Specif	10-11-6	24	Mem. Park	Baltimor		
Leonard	10011	The title	4 4	OCT 1 1 1966	Jelia	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after deaph

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

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	Mr. Terresis and Co.			
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		.u.li ,c-1 gbals		
				17.00

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Page g. STATE b. COUNTY death. LTIMORE CECIL MARYIAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN and write RURAL and give negrest town) after GTHERUIL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Der e. IS RESIDENCE ON A FARM? hours PWORTH ate YES NO IS along with NAME OF Middle DATE S Day Year DECEASED within (Type or print) 0014 DEATH with S. SEX 9. AGE (In years NEVER MARRIED IF UNDER 24 HRS birthday) Months Days Hours DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ELECTICTION KAILKOAD UEENSIOWH dny .= poges Examiner's pencil 13. FATHER'S NAME = and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO certificate should be executed permit. (Yes\_no, or unknown) (If yes give wor or dates of service removol. CROUCH 18. CAUSE OF DEATH (Enter only one cause per line for for, (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: JD. IMMEDIATE CAUSE (a) writing the word cremotion, DUE TO Conditions, if any, which gove rise to immediate cause (o). DUE TO 0 stating the underlying cause burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 0 YES 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge ot work 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth O'Donnell NAME (Type) Address (Street, city, town, or county) Charles BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) H14 CEC11 MMACULATE CHERR CONCEPTION 24. FUNERAL DIRECTOR 25b. REGISTRAD'S SIGNATURE REC'D BY REGISTRAR VR A15ME (5) Markey 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the crending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	
13700	CERTIFICATE OF DEATH	13702
DI ACC OF DEATH		

1.	PLACE OF DEAT a. COUNTY	Н				2. USUAL RESIDEN	ICE (Where	e deceased I			esidence 1	efore ad	mission)
	Bal	ltimore		MAF	RYLAND	a. STATE	rland	1	b. COUN		tim	ore	
	b. CITY OR TOY	VN (if outside corporate li	mits, c.	LENGTH OF ST		c. CITY OR TOWN (I	f outside	corporate	limits, wr				t town)
	Total	VN (if outside corporate line and give nearest tewo)		33 day	78			2120			1.	3.1	
	d. NAME OF HO	SPITAL OR INSTITUTION (in	f not in hospi			d. STREET ADDRESS			-T		θ.	IS RESI	DENCE
		ey Towson N	ursing	g Hame		552 Pi	cadi	llly	Road	l		ON A F.	ARM?
3.	NAME DF DECEASED	First		Middle		Lest	4. DA		Month	1	Day	Yea	r
	(Type or print)	Carlis	le	M.		Crowell	DF DE	ATH (	ctob	er	31	19	66
5.	SEX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRI	ED 8	DATE OF BIRTH		9. AGE	(In years	IFUNDER	1 YEAR II		
	male	a short in a	IDOWED	DIVORO	ED   M	ay 8,1889	)	77	oirthday) yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPA	TION (Give kind of work done	10b. KIND	OF BUSINESS		11. BIRTHPLACE (C		tate, or fore		)   12. CI	TIZEN O	F WHAT	
	Civil Er	ding life, even if retired)	Hago	St'd.	017	New Jer	TAPE			CO	UNTRY?		
	. FATHER'S NAM		12000	Do a.	011	14. MOTHER'S MAI		F	_	1	UZL	_	
(	Charles	F. Crowell				Jennie M							
		EVER IN U.S. ARMED FORCE	\$7   16 900	IAL SECURITY	VO   17	NFDRMANT	101 00	744	Addres				
(Ŷ	es, no, or unkown)	(If yes give war or dates of serv	ice)				7.7		Addres				
	no			-09-012	-/13	a S. Crow	IBIT			Abov	е		
		DEATH { Enter only one can	use per line f	or (a), (b), and	(c).1 .						INTER	AL BET	WEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_		TNEUN	MONIA	7					ONSE	MIND D	LATH
13	493	X DUE TO											
	Conditions, If												
	gave rise to	Immediate (						1.00					
	cause (a), s underlying caus	no lent											
S		SIGNIFICANT CONDITIONS	ONTRIBUTIN	G TO DEATH BUT	NOTRELAT	ED TO THE TERMINAL	DISFASEC	CONDITION	GIVENIN	PART 1(a)	119.	VAS AUT	IDPSY
Ä							0102.02		diverin.	711(1 2(0)		PERFORM	MED?
Ē	20a ACCIDENT	WAS TINDEDI VING CT	1 20h DESC	DIDE UDW INI	LIBY DOOLIN	RED. (Enter nature o	d to have to	Dort Las	Dort II o	Litam 101	YES		NO [
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEATH TIFY MEDICAL EXAMINER)	200. 0230	KIDE HUW INJ	OKT DCCOR	KED. (Enter nature o	r injury ir	1 Part 1 or	Part II 0	r item 18.,			
MEDICAL		INJURY Month, Day, Year	20d. INJUR	RY OCCURRED	20e. PLAC	E DF INJURY (Home, f	arm, 201	f. (CIty or	r town)	(Cour	nty)	(\$1	tate)
EDI	Hour a.r		While at work	Not While	factory	, street, office bldg., e	etc.)						
Σ	p.1					net an .	2//	• 100	Lass	F-0/1	/		
		fy that (I) (this hospital)	1 attended t	1966		death occurred at	966	to EPC	1.51	_, 19626	a, tha	(I) (W	eriast
1	22a. SIGNATUI	ceased alive on	1 . 31		and that	death occurred at	M,	from the	causes	and on th			above.
	1	th W X					MED.	ST/	AFF -	220. DF	/ SIGN	11	
	22c. PHYSICIA	W. A. Or	uni		M.D.	PHYS. ADDRESS	DIRECTOR	₹ PH	YS.	11	12,	66	2
	NAME (T		in Qui	inn		1927 Yor	k Ro	9	1mon	1 77m	. M	4.	
											•		
232	REMOVAL (Spe	eclfy)				OR CREMATORY		LOCATION				(Sta	
E	urial	11/3/196	56 Du	laney	Valle	y Mem Gr 25a. RE	da.	Tim	oniu	m B	alto	CC	.Md
H	W. Jenk	ins & Sons	Co. 4	905 Yo	rk Ro	25a. RE	C'D BY RE		15/19	Corl	SIGNAT	DRE	
			to.12	Md.		DATE	V 2	1966	1	nonce	1	0	

VR AI5 (4) 20M 1/65

Committee Line 1 23 Charter Consider A 22 Charter Consider A 22 Charter Consider A 25 Ch of special late tipped to a coloured ordine company that the company to the company more and a second modernal offices. Lesson transfer of the property of the contract of the contrac by . Market Market Tarte - 1927 Vacation, at the street of the But the Country of 1866, the language of the country of the countr U.V. Jenichas, acer and de 1905 del E. H. H. H. H. H. San Arabayana A.U. Balba.12, 186.

he funeral directar, shauld be filed with after death. Page 4 executed within 24 has may be revained. The haspital or attending physician.

TO FUNERAL DIR DR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be TO HOSPITAL OR

VR A15 (4) 15M 9/59

13701

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1 20005	CERTIFICA	IE OF DEATH	1.2	700
a. COUNTY B- / + image	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	ore admission).
b. CITY OR TOWN (If outside corporate limits, write	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give ne	earest town)
RURAL and give nearest town)  Runal		rural	1	13-1 %
d. NAME OF HOSPITAL (If not in haspital, give str.	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
7424 Manche	ester Road	7424 Mancheste	r Road	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Manth De	ay Year
(Type or print) John	Joseph	Dailey DEATH	October .	25 19 66
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	AGE (In years ost birthdoy)   IF UNDER 1 YEAR	R IF UNDER 24 HRS. Hours Min.
	OWED DIVORCED	Sept. 14, 1928	38 yrs.	
10a. USUAL OCCUPATION (Give kind af work done 1 during most of working life, even if retired)		STRY 11. BIRTHPLACE (State or foreign countr	y) 12. CITIZEN O	F WHAT COUNTRY?
limekeeper	Bendix Radio	Maryland	4.5	· A·
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William John Dailey		Bertha Pauline La	tz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   [If yes, give war or dates of service]	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
no	216-20-0915	Marie Dailey 7424 M	anchester Road	dol
1B. CAUSE OF DEATH [Enter only one cause pe	r line for (o), (b), and (c).]	2- 0. 1.	INT	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Generalized	mer costuses	6	month
DUE TO				1 1. 11
Conditions, if any, which ) (b)	Maleeman	car of Colon	(	Month
gave rise to immediate DUE TO	11	1		
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION				YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II o	if item 18.)	
3 20c. TIME OF INJURY Month, Day, Yeor 20c	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or 1	town) (County)	) (State)
W 1	nile Nat while far	tary, street, office bldg., etc.)		
		ansil will	AL 2 MILL	hat (I) (we) last
21. I certify that (I) (this hospital) atte		leath occurred ofM, from the		
22a. SIGNATURE	17 / Ond mar (	lean occurred orw, nom me	cooses and on me dan	22b. DATE
Morris a. Jo	reobs		PHYS.   10/	26/8/8
22c. PHYSICIAN'S NAME (Type) MORRIS	Jacobs M	D 1010 N. P.	oint Ry	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION	(City, town, or county)	(State)
Burial 10/28/66	Oak Lawn Com	etery Balti	more M	do
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	JRE
John A. Moran, Inc. 3000	E. Balto Stol	DATE OCT 3 1	1966 Jeliane	es Judge

AND CO. Languet Senta Tolle The Land Color to Lair Andrew Service Control of the service state of the service state of the service o mount with of the a contract of manager Julia A. Saran, Onc., 200 F. G. Mar. St. V. S. W. E. L. L. L. V. G.

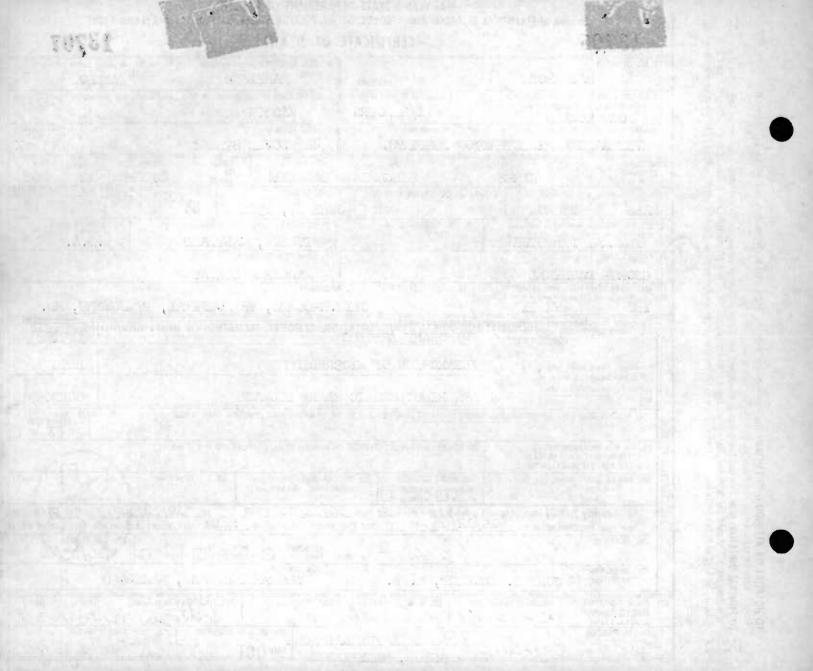
1					PARTMENT OF HEALTH  301 W. PRESTON STREET, B.	ALTIMORE 1. MARYLAND
<u>.</u>	E Va		13702		E OF DEATH	13704
er deat	and 1 and 1 and 1 er dea	1.	PLACE OF DEATH a. COUNTY Baltimore	. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk d. STREET ADDRESS 1908 Larkhall Rd.  Last Dailey Sr.  Part October  B. DATE of BIRTH 10/28/05  II. BIRTHPLACE (County & State, or foreign country) West Virginia  14. MOTHER'S MAIDEN NAME Cora Mae Caton  INFORMANTDaughter Shirley Bortmes, 1908 Larkhall Rd.  Address Dundalk, Md.  Tumor, left frontal  Tumor, left frontal  Tumor, left frontal  Tumor, left frontal  TOTHERYAL BETWEEN  INTERVAL BE	
ours a	in by th . Pages hours aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Dundalk	c. LENGTH OF STAY IN 1b 6 Years	c. CITY OR TOWN (If outside corporate  Dundalk	e limits, write RURAL and give nearest town)
Z E	sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (If not in 1908 Larkhall Rd.		1908 Larkhall Rd.	ON A FARM? YES NO X
d with	completely ve carbon event, with		NAME OF First DECEASED (Type or print) Richard	Middle L.	Dailey Sr. DEATH O	ctober 26 19 66
xecute	and col remove rany ev		sex   6. color or race   7. marrier Male   White   widower	D X DIVORCED	10/28/05 last 60	birthday) Months Days Hours Min.
be 6	lysician please I, and in		ing most of working life, even if retired) Welder Be	KIND OF BUSINESS OR INDUSTRY eth. Steel Co.	West Virginia	COUNTRY?
en ilica	ling ph Then emova		FATHER'S NAME Richard Dailey		Cora Mae Caton	
leath c	/ the attendin sit permit. Ti nation, or ren	15 (Ye N	s. no. or unkown) (If yes nive war or dates of service)	5. social security no. 17. 13-09-2216 Mrs	• Shirley Bortmes, 1	
at the d	d by the ransit p cremati		18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: Me t		n Tumor, left fro	ONSET AND DEATH
ding	has been signed by the attend as the burlat-transit permit. prior to burlat, cremation, or r		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  UII  (c)	known origin		
The law	certificate has hed for use as t. of Health pri	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	Shake House		PERFORMED? YES NO X
	this certif detached for e Dept. of F		20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING 20b. (IF EITHER, NOTIFY MEDICAL EXAMINER)			
NG PHY by the	After this of be detached State Dept.	MEDICAL	Hour a.m. While p.m. 19 at wo	e Not While facto	ry, street, office bldg., etc.)	
OR ATTENDING I	ECTOR: A 3 should with the		21. I certify that (I) (this hospital) atten saw the deceased alive on 10-10-	ded the deceased from 7.	-7-66 , 19 , to 10 t death occurred at 1:30, 作神 #	ne causes and on the date stated above
200	L DIRECTOR: page 3 shoul filed with th		22a. SIGNATURE  22c. PHYSICIAN'S	M.D	D. PHYS. A DIRECTOR P	TAFF   Oct-27-1966
O HOSPITAL Page 4 may	o FUNERAL DIRI	00.	NAME (Type) Edward T. Rui	Z M.D.	1705 Popla	r Pl. Dundalk, Md.
TO H	Tapes &	238	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/28/66	Oak Lawn Cer	metery	Baltimore, Maryland
	15 (4) K	24		Ave. Dundalk,	0 4 40	- 001 1 0 1.0

MARYLAND STATE DEPARTMENT OF HEALTH

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	No. 1991	

YLAND STATE DEPARTMENT OF THE HIMBORIO FIACHINES A DIGITAL REPORTS OF THE TANK G. . Land Committee of the state of the soul of . Harrier 1984 (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (198 The state of the s The state of the s The state of the season of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13705 CERTIFICATE OF DEATH death. 24 haurs after death filled in by the funeral papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE TALBOT hours after MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HOURS EASTON FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 426 DOVER STREET VETERANS ADMINISTRATION HOSPITAL YES NO K PHYSICIAN: The law requires that the death certificate be executed within NAME OF please remave carban First DATE Last Manth Day Year DECEASED 19 66 JAMES BENJAMIN DASHTELL OCTOBER 12 (Type ar print) DEATH YEAR S. SEX IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years Manths birthday) Doys Haurs JUNE 27, 1922 and in any MALE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af wark done during mast of working life, even if retired)
FUNERAL DIRECTOR 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDIISTRY the attending physician sit permit. Then please BIVALVE, MARYLAND 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remayal, MARGARET CONWAY GEORGE DASHIELL WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor ar dates of service) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES WW INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY EMBOLUS IMMEDIATE CAUSE (o) \_ Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gove INFARCTION OF MYOCARDIUM DAYS rise ta immediate couse (o), DUF TO stating the underlying cause has been ARTERIOSCLEROTIC HEART DISEASE UNKNOWN lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION be detached far use State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (Caunty) (Stote) Haur a.m factory, street, office bldg., etc.) Not While ot wark ot work 21. I certify that (4) (this haspital) attended the deceased fram 10/12/66 10/12/66 19\_\_\_, that (# (we) last . 19 3 shauld I /12/66 19 and that death accurred at 9:10 PM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 10/13/66 M.D. DIRECTOR directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) JOHN D. TALBERT, M. D. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) (Stote) REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR FUNERAL HOME DATE ( EASTON MARYIANT



D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MRYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MRYLAND  LIFE  D. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  C. STAFER BRITTINGE HEDICAL CENTER  C. STAFER BRITTINGE HEDICAL CENTER  S. SEX  S. SEX  S. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MRYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  ON A FARMY  YES  ON A FARMY  OBATH  OBATH  OCTOBER  3. NAME OF  OCCESSED  G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NE	1	13706 CERTIFICATE	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  CREATIER BRETITION (if not in hospital, give street address)  GREATIER BRETITION (if not in hospital, give street address)  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  STOLE REPORTED  TYPES   NAME OF OPERATE   STOLE   STOL	7	BACTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	MARY LAND BI	
ANAME OF DECRASED (Type or print)  3. NAME OF OFCASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 75. DATE OF BIRTH OCTOBER 1975.  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 75. DATE OF BIRTH OCTOBER 1975.  10a. USUAL DOCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or freeign country)  11. STATHER'S NAME  12. MOTHER'S MADE CAUSED BY: INJUSTRY OCCURRED 1985.  13. FATHER'S NAME  CHARLES DOSTINER  14. MOTHER'S MADE NAME  CHARLES DOSTINER  15. WAS DECEASED UPER INJUS. ARMED FORCES? (Yet, no, or unknown) (If yets) we are of attos territory)  16. SOCIAL SECURITYNO. 17. INFORMANT Address  CHARLES DOSTINER  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1  PART I. DEATH WAS CAUSED BY: INMEDIATE CAUSE (a)  DUE TO CONTRIBUTING CAUSE OF DEATH (if ETHER, NOTIFY MEDICAL EXAMINER)  DUE TO CONTRIBUTING CAUSE OF DEATH (if ETHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELITED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (if ETHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING DEATH WHILE SAW the deceased alive on STAFF WAS AND THE WORLD WHILE	1	BALTIMORE	DUNDMK	- 03-1
S. NAME OF OCCASED   First   Middle   Last   4. Date   Day   Month   Day   Year   Occase			14:4 / 00	ON A FARM?
S. EX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HE NOTICE)   10. UNDOKED   DIVORCED   C. T. B.A. 29 <sup>-12</sup> , 1944   10. UNDOKED   DIVORCED   C. T. B.A. 29 <sup>-12</sup> , 1944   10. UNDOKED   DIVORCED   C. T. B.A. 29 <sup>-12</sup> , 1944   10. UNDOKED   DIVORCED   C. T. B.A. 29 <sup>-12</sup> , 1944   10. UNDOKED   DIVORCED   C. T. B.A. 29 <sup>-12</sup> , 1944   10. UNDOKED   DIVORCED   DIVORCED   T. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY!   C. S. A.    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   SUSAN FROM PLANT   DIVORCES?   C. S. A.    15. WAS DECEASED EVER IN U.S. ARMED PORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT   Address   SPACE   C. S. A.    18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)   BRONCHO PINSUMONIA   DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   DUE TO CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (C) C. DATHALOUSLE   DUE TO CONTRIBUTION COUNTED   DUE TO CONTRIBUTION COUNTE	3	NAME OF First Middle OECEASED	Last 4. DATE Month	Day Year
10b. KIND OF BUSINES OR III. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY  BALTWORK, HAYLOND  12. CITIZEN OF WHAT COUNTRY  BALTWORK, HAYLOND  13. FATHER'S NAME  CHARLES  DOSHWER  14. MOTHER'S MAIDEN NAME  SUSAN ERMAND  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unlown)  16. SOCIAL SECURITY NO. 17. INFORMANT  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  15. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  16. EITHER OF INJURY OCCURRED  OR CONTRIBUTING CAUSE OF DEATH  17. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  17. INFORMANT  Address  ONSET AND DEATH  OF OMPHHAOCLE  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  17. INFORMANT  ADDREAMS  20b. DESCRIBE HOW INJURY OCCURRED  20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  P. HOUR a.m.  P. WAS AUTOPSY PERFORMED?  YES NO  21. I certify that (I) (this hospital) attended the deceased from CCT 20 <sup>14</sup> , 19.66, to CCT. 31, 19.66, that #\$ (we) last saw the deceased alive on British of the date stated above the date stated above the date occurred at Company of the date stated above the date occurred at Company of the price of the date stated above the date occurred at Company of the date stated above the date occurred at Company of the Compa	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IFUNDER   Months	1 YEAR   IF UNDER 24 HR
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	a	uring most or working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. C BALTMORE, HARYLAND	DUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (7es, no, or unknown) (11 yes give war or dates of service)  18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED  19. WAS AUTOPSY  PERFORMED?  YES NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED  19. WAS AUTOPSY  PERFORMED?  YES NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED  19. WAS AUTOPSY  PERFORMED?  YES NO  PART II. OTHER SIGNIFICANT CONDITIONS  19. WAS AUTOPSY  PERFORMED?  YES NO  IN COURSE ON THE TERMINAL DISEASE CONDITIONS IN PART 1(a)  19. WAS AUTOPSY  PERFORMED?  YES NO  IN COURSE ON THE TERMINAL DISEASE CONDITIONS IN PART 1(a)  PART II. OTHER SIGNI	1			
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 of Part 11 of Item 18.)  Contributing Cause of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.)  PART II. OTHER SIGNIFURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from OCT 20th, 19 66, to OCT. 31, 19 66, that #\$ (we) last saw the deceased alive on OCT 31 19 66, and that death occurred at 50th, from the causes and on the date stated above 22a. SIGNATURE  MAD. PHYS. DIRECTOR PHYS. 10/3 1/66  22c. PHYSICIAN'S		PART I. DEATH WAS CAUSED BY:	emoNIA	INTERVAL BETWEEN ONSET AND DEATH
Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)   19. Was autopsy   Performed?   Yes   No   Yes   No   Performed?   Yes   No   Yes   No   No   No   No   No   No   No   N		Conditions, if any, which gave rise to immediate (b)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from CT 29th, 19 66, to GT. 31, 1966, that the (we) last saw the deceased alive on 3th 1966, and that death occurred at 22a. SIGNATURE  Magaint E. Laug M.D. PHYS. DIRECTOR PHYS. 10/31/66  22c. PHYSICIAN'S	,	underlying cause last. (c) Puraturity		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 While at work at w	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIONS  STATUS POST-OP REPAIR OF DAIPH	ALOCELE, MULTIPLE CONGENUAL	YES NO NO
21. I certify that (I) (this hospital) attended the deceased from Oct 20th, 1966, to Oct. 31, 1966, that the (we) last saw the deceased alive on 3th 3/2 1966, and that death occurred at 5th, from the causes and on the date stated above 22a. SIGNATURE.    Magaint E. Lang   M.D. Attending   MED. DIRECTOR   STAFF   19/31/66   22c. Physician's   22d. Address			RED. (Enter nature of injury in Part For Part II of Item 18	.)
saw the deceased alive on 3/2 19 66, and that death occurred at 6 1/2 M, from the causes and on the date stated above 22a. SIGNATURE    Margaret E. Larg   MED. PHYS.   DIRECTOR   PHYS.   10/31/66     22c. PHYSICIAN'S   22d. ADDRESS	MEDICAL		y, street, office bldg., etc.)	inty) (State)
Margaut E. Laug M.D. ATTENDING MED. STAFF PHYS. 10/31/66 22c. PHYSICIAN'S 22d. ADDRESS		saw the deceased alive on 3/2 19 66, and that of	death occurred at 272M, from the causes and on t	he date stated above
		Margaret E. Lang M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	0/31/66
				CENTER
24. /FUNERAL DIRECTOR // ADDRESS   25a, REC'D BY REGISTRAR   25b, REGISTRAR'S SIGNATURE	)	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	HILES DADY 7 1966 Therefore	S SIGNATURE

STATE PET-OF PATHE OF CHIPMECHIE, MASSESSEE

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#	E24		13707 CERTIFICATE OF DEATH 1371	19
hours after death.	funeral and 2 and 2	1.	a. COUNTY a. STATE b. COUNTY	ce before admission
afte	ges. I	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  Md.  Baltimore  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
SINC	in by Page nours		Catonsville	-/-
24 h	hysician and completely filled in by the please remove carbon papers. Pages, and in any event, within 72 hours aff		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	ely f	3.	2112 Rockwell Av. 2112 Rockwell Av. 1  NAME OF DECEASED First Middle Last 4. DATE Month Da	YES NO Year
l wit	carbo carbo ent, v		(Type or print) Clarence 6. Davis DEATH Oct 2	1966
cutec	d cor	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   1F UNDER 1 YEAR last birthday) Months   Days	R IF UNDER 24 HRS
exe	n an rem in an	10a	M WIDOWED DIVORCED 5-10-05 67 yrs.  a. USUAL OCCUPATION (Give kind of work done in the country) 12. CITIZET (COUNTRY) 11. BIRT HPLACE (Country & State, or foreign country) 12. CITIZET (COUNTRY)	OF WHAT
e pe	physician n please	H	Retired engineer   Martin Co.   Maryland   1154	Y?
ificat	g bhy	13.	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
cert	attending phermit. Then in, or removal	15	James O. Davis  Late-Mary Siskey  Address  Late-Mary Siskey  Address	
eath	the attenc it permit. nation, or r	(Ye	es, no, or unkown) ((fryes give war or dates of service) 218-03-5881 2112 Bockwell Av.	
the d			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ERVAL BETWEEN SET AND DEATH
that	ned the litrar litrar li, cre		HART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Coronary artery Sclerosia  The Due to the survey of the survey o	
ires	priys n sign buria buria		Conditions, If any, which (b)	
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law	has has has has has has	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	. WAS AUTOPSY PERFORMED?
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resting by the position or attending physician	r by the hospital of attentive this certificate has be detached for use as State Dept. of Health prior	CERT	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CO	
PHYS	this this detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   20f. (City or town)   4 county)	(State)
ING	tat be start	MED	p.m. 19 at work at work	
ATTENOL	OR: A hould the		21. I certify that (I) (this hospital) attended the deceased from 1963, to 000 2, 1966, to saw the deceased alive on 300 1966, and that death occurred at 1.30M, from the causes and on the da	that (I) ( <del>we)</del> las
OR AT	E (1) >		22a. SIGNATURE 22b. DATE S	
PITAL O	AL DIR page filed		22c. PHYSICIAN'S   DIRECTOR   PHYS.   12d, ADDRESS	-66
SPIT	ctor,		NAME (Type) Harry Knipp M.E. 4116 Edmondson Ave. Balk	529 md
TO HOSPITAL	Tage 4 illay TO FUNERAL I director, pag should be fill	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Ind.	(State)
	8	24	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
	M 4-64	4_	Witzke F.D4101 Edmondson Av.	10

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY a. STATE after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours hours completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO F executed within NAME OF DATE Middle Last 4. Month Day DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR-OR RACE IF UNDER 24 HRS OATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR remove NEVER MARRIED 7. MARRIED last birthday) Months Hours in any Days and DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and physician and physician and in and in 10b, KIND OF BUSINESS OR 11. BIRTHBLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? or removal, FATHER'S NAM MOTHER'S MAIDEN NAME attending phermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, 40, or unkown) | (If yes give war or dates of service) 17. INFORMAN 16. SOCIAL SECURITY NO. Address been signed by the attent the burial-transit permit. or to burial, cremation, or death the INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the prior to DUE TO (a), stating this certificate has be detached for use as the Dept. of Health prior underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO X YES 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached State Dept. ( MEDICAL 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be dought be used by the State While Not While be retained by at work at work 19 21. I certify that (I) (this hospital) attended the deceased from 1964 that (I) (we) last and that death occurred at / F saw the deceased alive on. M, from the causes and on the date stated above. 22a. SIGNATURE + 22b. DATE/SIGNED page ATTENOING PHYS. STAFF DIRECTOR PHYS. 4 may M.D. 22c. PHYSICIAN'S 22d. ADORESS director, p NAME (Type) 210 REM BURIAL. CREMATION, LOCATION (State NAME OF CEMETERY OF CREMATORY 23d. 23b. DATE THEREOF or county) 2 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) DATE 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13709 CERTIFICATE OF DEATH death. a and campletely filled in by the funeral se ten ave carban papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Prince George's o. COUNTY o. STATE Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Catonsville Cottage City. Maryland 18 days Vrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 3802 Parkwood Street SPRING GROVE STATE HOSP TTAL NO D YES 3. NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED Elizabeth Deck 1966 (Type or print) DEATH S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Doys Hours March 20, 1889 white Y DIVORCED female WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Washington, D.C. physician ien pleus housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Cole Elizabeth UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Records: unknown SPRING GRO VE STATE HOSPITAL unknown crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse the has been lost. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour a.m. factory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After ot work 3 should be with the State 21. I certify that (1) (this haspital) attended the deceased fram Sept. 18 19 40 to Oct. 8 \_\_\_\_\_, 1969 that (I) (we) last 19 66, and that death accurred at 598 M, fram causes and an the date stated above. saw the deceased alive an Det 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M D director, page shauld be filed 22d. ADDRESS SPRING GRO VE 22c. PHYSICIAN'S NAME (Type) OLANDO Baltimore, Maryland 21228

23c. NAME OF CEMETERY OR CREMATORY

mr oLIVET

**ADDRESS** 

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

DATE

MINENSBURY RUIN

1966

2Sb. REGISTRAR'S SIGNATURE

(County)

(Stote)

BURIAL, CREMATION,

REMOVAL (Specify)

MUIL

24. FUNERAL DIRECTOR

23b. DATE THEREOF

requires that the death certificate be executed within 24 haurs after death.

ar attending

be retained by the hospital

ATTENDING

VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13710	Ą		CERTI	FICATE	OF DEATH			13	712	3	
1.	PLACE OF DEATH o. COUNTY Baltin	more		MA	RYLAND	2. USUAL RESIDENCE o. STATE	(Where deceos	ed lived, if institut b. COU		before or	dmission)	
	b. CITY OR TOWN (I	If outside corporate limits I give nearest town)	s,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If o	outside corporo	te limits, write RU	RAL ond give n	eorest to	own)	
	Baltimo	-				Baltin	ore	21212		0	3.1	
0	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, g	give street oddress)		d. STREET ADDRESS				e. I.	S RESIDEN	CE M2
3		St. Joseph	Hospit	al		6404 0	restwo	od Rd.		YES		
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mon	th	Doy	Year	
	(Type or print)	Vir	ginia	E.	DI	E FARGES	OF DEATH	Octobe	r 23		19 60	6
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B		1917 9	AGE (In years	Months D		UNDER 24 Hours	HRS. Min.
	female	white	WIDOWED	DIVORC	ED 🔲	Oct. 31,	Manda X	elest birthdoy)				IVIIII.
	lo. USUAL OCCUPATION uring most of working	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count		reign country)	12. CITIZI COUN	EN OF W	HAT	
	Asst. Bra		Md.	Nat. Banl	k	Baltimor		AD-1965		S.A.	GX-	
13	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			PA ;		
	John W.P	. Insley				Nina B.	Webb					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO.	17. 11	FORMANT		Addr	ess			-
L'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( pos gr. o vor or geros e	22	0-14-6663	Mr	John L. De	Farges	Sa	ame			
		ATH (Enter only one cou H WAS CAUSED BY:	se per line for	(o), (b), ond (c).)			- 10 e				AL BETWE	
	PART I. DEAT	IMMEDIATE CAUSE				of left cer				ONSET	AND DEAT	ın
	3327		to thr	ombosis c	of lef	t internal	caroti	d artery	7			
	Conditions, if ony, rise to immediat	e couse (a)	(b)									
	stoting the under	rlying couse DUE										
	lost.	ONIFICANT CONDITIONS S	(c)	TO SEATURATE DE	FLATER TO T	UE TERMINAL DISEASE CO	NIP IT ON ANY			I 10 . W	AC AUTODO	V
O NO	PART II. OTHER SIG	GNIFICANT CONDITIONS C		O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(o)		PEF	AS AUTOPS RFORMED?	?
S E	20o. ACCIDENT WAS	ynaud's dis		SCRIPE HOW INHIPY	OCCUPATED /		D 11 D 1	11 61: 103	A	YES	NO	
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY		205. DE	SCKIRE HOW INJURY	OCCURRED. (	Enter noture of injury in	Port I or Port	t II of item 18.)				
MEDICA	20c. TIME OF INJU Hour a.m	10	20d. IN While of work			E OF INJURY (Home, for ry, street, office bldg., etc		(City or town)	(Count	γ)	(Sto	te)
	21. I certif	fy that [1] (this has eceased alive an	pital) attend ctober	ded the deceased	d from( and that	death accurred a	1966 to	October , fram causes	2319 60 and an the	5, that date s	(we stated a	) la
	22o. SIGNATURE	9 9	1.00.	0		ATTENDING	MED.	STAFF PHYS.	22b. DATE		. 196	36
	22c. PHYSICIAN'S	90m	- 100	~ ~ ~ ~	M.D	22d. ADDRESS	DIRECTOR			4)	, 170	70
16	NAME (Type)	Lawrence	F. Mi	sanik, M.	D.	7620 Y	ork Ros	ad, 2120	4			
23	lo. BURIAL, CREMATIO			23c. NAME OF CE	METERY OR C	REMATORY	23d. LO	CATION (City or To	wn) (Co	ounty)	(Stote	e)
	REMOVAL (Specify) Burial	10/20	5/66		s Prot	t. Epis.Cen		nna, Mar	yland	-		
	4. FUNERAL DIRECTO		D-74-	ADDRESS	41	2So. REC	D BY REGISTR	AR 2Sb. RI	EGISTRAR'S SIGN		0	
	Leonard J	. Ruck, Inc.	, parto	·, Ma. 212	14	DATE	CCT	4 1966	fictio	Wills	Jud	Se.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in ony event, within 72 hours after deaf VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13711 the funeral ages 1 and 2 rs after death. executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY o. STATE MARYLAND BALTIMORE MARYLAND lease remave carbon papers. Pages I and in any event, within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 DAYS BALTIMORE FORT HOWARD d STREET ADDRESS e. IS RESIDENCE ON A FARM? \_ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) filled 5702 Kenwood Ave. Baltimore Md. YES NOX VETERANS ADMINISTRATION HOSPITAL 3. NAME OF Lost 4. DATE Doy Year pou First campletely DECEASED (Type or print) OCTOBER JOSEPH CHARLES DINATALE 19 DEATH remave car IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S SFX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 295 birthday) Months Hours OCTOBER 17,1914 MATE WHITTE DIVORCED WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work dane pe COUNTRY? during most of working life, even if refired) HARDWARE STORE BALTIMORE, MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME a attending phys burial, crematian, or remayal, TENA GARGUIIO SALVATORE DINATALE 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. The law requires that the death (Yes, na, ar unknawn) (If yes give war ar dotes af service) CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY CONGESTION AND EDEMA IMMEDIATE CAUSE (o)\_ DOKENOX EXTREME ANEMIA Canditians, if ony, which gave rise to immediate couse (o) DUF TO stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending BLEEDING FROM CARCINOMA OF STOMACH WITH METASTASIS O FUNERAL DIRECTOR: After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While Hour o.m. ot wark at wark 10/19/0019 10/14/00 that (h) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. . ta and that death accurred at 4:02PM, fram causes and an the date stated above. 3 shauld saw the deceased alive an 10/19/66 22b. DATE SIGNED -220. SIGNATURE ATTENDING X 10/20/66 M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' VAH FORT HOWARD, MARYLAND MILTON GINSBERG, M. D. NAME (Type) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, BURTA (Specify) 10/24/66 BALTIMORE, MARYLAND BALTIMORE NATIONAL 24. FUNERAL DIRECTOR Leonard 2Sb. REGISTBAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS Ocharles Judge RUCK FUNERAL HOME 24 VR A15 (4) 20 M 1/66 1966 HARFORD ROAD, BALIFIMORE, MD.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

the attending physician and campletely filled in by the funeral sit permit "then please remave carban papers. Pages 1 and 2

directar, page 3 shauld be detached far use as the burial-transit permit "Artern please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, at leased, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13712	CERTIFICATE	OF DEATH	13715
ACE OF DEATH COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, o. STATE MARYLAND	if institution: Residence befare admi b. COUNTY
CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits,	write RURAL and give negrest town

	o. COUNTY BALTIMO			MAI	RYLAND	o. STATE  MARYLAN			UNTY -	dence beto	are admissi	ion)		
	b. CITY OR TOWN (	If autside corparate limit d give nearest tawn)	is,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)								
-	FORT HOWA	RD	12/17/1	34 DAYS		ST. MICH	20	20-2						
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)  VETERANS ADMINISTRATION HOSPITAL  3. NAME OF First Middle				d. STREET ADDRESS BOZMAN ROAD					e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED (Type or print)	HAR		Middle EUGENE		DTXON	4. DATE OF DEATH	7.0	onth	21	y Ye	ear 66		
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🗍	8. DATE OF BIRTH		9. AGE (In years		ER 1 YEAR	IF UNDE	R 24 HRS.		
1	MALE	WHITE	WIDOWED	DIVORC	ED 🗍	2 25 99	5 199	last birthday) 67 yrs.	Manth	s Days	Hours	Min.		
dui I	ing mast of warking NSTRUMENT	(Give kind of work done life, even if retired) MAKER	IN	ND OF BUSINESS OR DUSTRY AU OF STA	NDARI	11. BIRTHPLACE (County	NG, O	areign cauntry)	12.	COUNTRY USA	?			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN								
15		S. DIXON R IN U.S. ARMED FORCES?	T	SOCIAL SECURITY NO.		MAMIE JEN	IKINS		dress	- 11-				
()	YES 18. CAUSE OF DE	(If yes give war ar dates ww I  EATH (Enter only one cal TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line far			LINICAL RECO		AH FORT	HOWA	IN	MARYT TERVAL BE NSET AND I	TWEEN		
	Canditions, if ony, rise to immediat stating the under last.	, which gave ) e cause (o),	TO (b)											
8						THE TERMINAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	2010		. WAS AUT	OPSY MED?		
S		CINOMA OF P									YES 🚹	NO		
L CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Pa	rt II of item 18.)						
MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	While Not While factory, street, affice bldg, etc.)							(Stote)				
		fy that (XX) this has eceased alive an_	pital) attend 10 21			9 17 t death occurred at		ta <u>10 21</u> M, fram cause						
	220. SIGNATURE				M.D. ATTENDING MED. STAFF LO 21 66									

220. SIGNATURE	2/	Del	M	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.		10	21	66 66	
22c. PHYSICIAN'S	Hola	for I would			22d. ADDR	RESS		90	300				

BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City or Town) (County) 21 /1966 BALTIMORE NATIONAL DRE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the haspital ar attending physician.

HENRY W. JENKINS

4905 York Road

Balto Md.

(State)

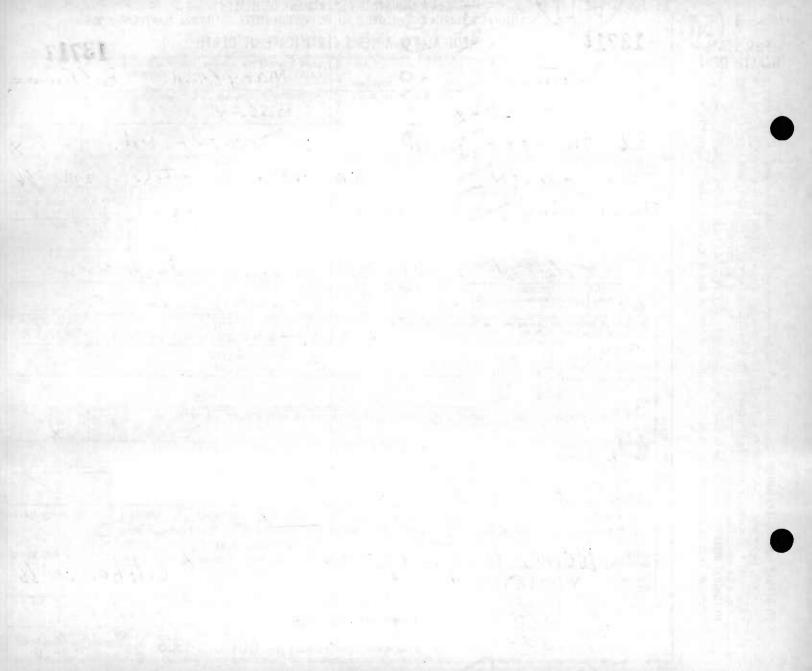
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:140 -	MARYLAND STATE DEP.	
X TO	Division of STATISTICAL RESEARCH AND RECORDS 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	13713 MEDICAL EXAMINER'S C	TERTIFICATE OF DEATH 13716
HEALTH DEPT.	O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE  Md.  b. COUNTY  Baltimore
2, and 3 to PM3. Page partment af after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and pive genrest town)  2 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore, Md. 21234
e De	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  G.B.M.Center	d. STREET ADDRESS  2407 C. Gainesborough Ct.  0. IS RESIDENCE ON A FARM? YES NO#
death. e Page with f he Stat	3. NAME OF First Middle DECEASED (Type or print) Marguerite Alice Dixon	Lost 4. DATE Month Doy Yeor OF DEATH Oct. 26,1966 19
s after 18. Giv e alang 2 with t	S. SEX 6. COLOR OR RACE 7. MARRIED # NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR FUNDER 24 HRS. Months Doys Hours Min. Page 1.6 Months Doys Hours Min.
I within 24 haurs after death. If any delay is n pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office alang with farm PM3. Page file pages land 2 with the State Department af and any any event within 72 haurs after death.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY? U.S.A.
within 2 pencil i aminer le page le page	Charles E. Garitee, Sr.	Josephine F. Rightmiller
cuted vaginary	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, acunknown) (If yes give wor or dotes of service)  Joh	FORMAN 502 A Knollcrest Prime Cockeysville, hn S. Dixon, Balttinore/Md./21234 Md.21030
MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If a blease execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm etained far your files.  DIRECTOR: Page 3 should be used as a burial-transit permit file pages I and 2 with the State Designated agent, priar ta burial, crematian, or removal, and any event within 72 haurs	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (b)  DUE TO  (c)	Interval griveen ONSH AND DEATH ONSH AND DEATH ON SHOW ON THE PROPERTY OF THE
is certiff e, writif farwar farwar a burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
IER: The certification in a cert	PRIMARY : or CONTRIBUTING : CALISE OF DEATH	nter nature of injury in Port I or Port II of item 18.)
		OF INJURY (Home, form, y, street, office bldg., etc.)
	21. I certify that I taak charge af the remains described abave, held	an Autapsy Inspection Inquiry Inquiry and in my apinion  Hamicide Inquiry Inquiry Inquiry Inquiry Inquiry  CHIEF MEDICAL EXAMINER Inquiry  ASSISTANT MEDICAL EXAMINER Inquiry  DEPUTY MEDICAL EXAMINER Inquiry  Address (Street, city, town, or county)
A	230. BURIAL, CREMATION, REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  Win. Gook—Brooks Towson, Towson, Md. 2120	emorial Parkville, Balto, Md.  250. REC'D BY REGISTRAR   250. REC'D BY
VR A15ME (5)	WIII. GOOK-Brooks Towson, Towson, Md. 2120	04 OUT 2 8 1966 / Current Junge

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100	Items 18-21 Film 382 10-3MARYLAND STATE DEF Division of STATISTICAL RESEARCH AND RECORDS, 301	
FOR STATE	13714 MEDICAL EXAMINER'S	
HEALTH DEPT.  ∴ ♀ ௧ ௧ ௧ ௧	1. PLACE OF DEATH O. COUNTY Ballimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Mary Count b. COUNTY Ballyone
f any delay is 1, 2, and 3 to rm PM3. Page Department of rs after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
lf am les 1, 2, form   form ours at	d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street oddress)  Z6 Decater Road	d. STREET ADDRESS 26 Decater RN.   O. IS RESIDENCE ON A FARM? YES   NO
ofter death. If a 8. Give Poges 1, along with form with the State De within 72 hours	(t) (po ot pinn)	Lost OF BIRTH OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
S - 0 +	S. SEX Fernale  6. COLOR OR RACE Windows Windo	3. DATE OF BIRTH  2 - 2 - 3 - 9. AGE (In yeors lost birthdoy)  1. BIRTHPLACE (State or foreign country)  1. BIRTHPLACE (State or foreign country)  1. CITIZEN OF WHAT
s s s	during most of working lite, even if retired)  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Exa and and	Edw J. Sough Ezly	ME (MLy V. Sour de es
be executed "pending" in itef Medical E insit permit. F or removal, a	(Yes, no, ozenknown) (If yes give war ar dotes of (service)	J-AMIG - JAME INTERVAL BETWEEN
shauld be exite ward "pening the Chief M puriol-tronsit punction, or rer	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	g due to rupture of spleen ONSET AND DEATH
d t d t	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse	CIIC 22V01
certification withing forwarde used os buriol, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES  NO
INER: This of certificate, should be for files.  3 should be unapprinted to be unapp	PRIMARY Nor CONTRIBUTING TELL Fell on stree	(Enter noture of injury in Port I or Port II of item 18.)
XAMINER: To the certification of the certification	12:40 10 2 1966 While Not While of work A factor	CE OF INJURY (Home, form, ory, street, office bldg., etc.) Essex Balto Md
Po Po ar	21. I certify that I taak charge af the remains described abave, hel death resulted from: Natural causes , Accident , Suici	ide , Homicide , Undetermined manner
	SIGNATURE Works 1. S.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPU
o DEPUTY necessary, the funerol 5 may be 0 FUNERAL Health or i	EXAMINER'S WERNER U. SPITZ, M. D.  230. BURIAL, CREMATHON, 23b. DAY THEREOF 23c. NAME OF CEMETERY OR C	Address (Street, city, town, or county)
O S = NO E	REMOVAL Specify 0 5 G Lakeview Me  24 FUNERAL DIRECTOR ADDRESS	Park    250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
VR A15ME (5)	1466 ly - 237 Out 4 pseo	Lice DATE OCT 5 1966 fcharles Judge



-Avride	]-	U	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON ST	FREET, BALTIMORE 1, MARYLAND
	- Te (	25	CERTIFICATE OF DEATH	10110
	er deat	1 and er deat	2. USUAL RESIDENCE (WI a. STATE Maryland	here deceased lived, If Institution: Residence before admission)  b. COUNTY
	irs afte	Pages ours aft		de corporate limits, write RURAL and give nearest town)
D	24 hou	n 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  1830 Ellinwood Road  531 S. Luzerr	ne Avenue, 21224 e. Is residence on a farm? YES NOT
	within	arbon p	3. NAME OF First Middle Last 4. DECEASEO (Type or print) MARTHA DREGIER	DATE Month Oay Year OF DEATH October 10- 19 66
	cuted of	nove can	5. SEX   6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   Female   White   WIDOWED   DIVORCED   Nov. 15-1890	9. AGE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.
	_	ase rer nd in a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife:  Poland	
	ificate grphysi	700	13. FATHER'S NAME 14. MOTHER'S MAIDEN N	
	tending	nit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address eph M. Dregier Sr. #2,a,b,c,
	deat he at	pern tion,	18. CAUSE OF OEATH [Enter only one cause per line facte), (b), and (c).1	INTERVAL BETWEEN ONSET AND OEATH
	it the an. I by t	e n	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A stewschule Heat	DIRECT ONSET AND DEATH
	s tha lysici igned	rial-ti	Conditions, if any, which	
	ding ph been s	the bu	gave rise to immediate cause (a), stating the OUE TO	
	law atten has	e as pric	underlying cause last. ) (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE.	SECONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	75	of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  20a. ACCIDENT WAS UNDERLYING CAUSE OF OF THE OR CONTRIBUTING CONTR	
	HYSI the hc	Dep	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4 work   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY OCCURRED   20d. INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY OCCURRED   20d. INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY OCCURRED   20d. INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY OCCURRED   20d. INJURY (Home, farm, factory, street, office bldg., etc.)   20d. INJURY (Home,	20f. (City or town) (County) (State)
	NDING ned by t: After	uld be he Stat	21. I certify that (i) (this hospital) attended the deceased from 16/16/66, 19	, to 10/10/61, 19 , that (i) (we) last
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed via be retained by the hospital or attending physician.  L. DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial transit permit. The plase remove ca	3 sho with t	The state of the s	2M, from the causes and on the date stated above 22b. DATE SIGNED
		page	22a. SHSNATURE  Lyden h. J. M.D. ATTENDING MEO. OIRECT OIRECT ADDRESS  22c. PHYSICIAN'S 22d. ADDRESS	CTOR PHYS. Oct. 11-196
	OSPIT.	director, I	NAME (Type) / Robert J. Lyden M.D. 1506 Chapel	HILL Drive, Balto. Md. 212 3d. LOCATION (City, town or county) (State) O
	TO H Pag TO FI	Shol	25a. BEMOVAI (Specify)	Baltimore, Maryland 21224
	VR A15	5 (4) K	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D B JOHN J. DUDA, Baltimore, Maryland 21224 DATE CT	1 3 1966 Clearles Judge
	15M 4		DATE	1000

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P.M3. Page	dea		b. CITY OR TOWN write RURAL on	(If autside carparate limi d give nearest tawn)	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR	aryland TOWN (If autside carpa		and give nearest	town)
P. O	fter		Baltim	ore			Ba	ltimore	21206		13-1
	e Stote Department of 72 hours after death.	8		Josephs Ho		e street address)	d. STREET 7	7 Sipple A	ve.		ON A FARM?
	Sto 72 h		NAME OF	F	irst	Middle	Last		Manth	Day	Year
4	= =		(Type or print)		lward	L.	DUKE	OF DEAT		r 4	19 66
with	within	1	s. SEX male	6. COLOR OR RACE  white	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		13. 1941		UNDER 1 YEAR Days	Hours Min.
Ono	even	1		N (Give kind af wark dan		OF BUSINESS OR STRY	11. BIRTH	IPLACE (State ar fareign	cauntry)	12. CITIZEN OF COUNTRY?	WHAT
	pages land2 v in ony event	+	Engine  13. FATHER'S NAME	er	Bla	ick & Decker	14. MOTHE	timore City	Maryland	Ŭ	S.A.
	File po ond in			Edward I	Duke Sr			Ge	raldine Ge	meinhard	1+.
permit. Fi			(Yes, no, or unknown)	R IN U.S. ARMED FORCES' (If yes give war or dates	of service)		7. INFORMANT Mr Edwar	rd L. Duke	Address		
	onsit or re		18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSI	-		15	bina/	Cord	INTE	RVAL BETWEEN ET AND DEATH
	buriol-tronsit motion, or re		Conditions, if any	, which gave )	E TO (b)	at Br	din S	tem			LUEN.
os o bi	9		rise to immedia stating the unde last.		(c) F7	active	15k	U/1- C-	rushedC	Rest	
be used	to burio	)	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	DATH GULLIOT RELATED	THE TERMINAL	CHISTALY CONSTITUTION OF	PER 1(a)		WAS AUTOPSY PERFORMED? S NO
plnc	prior		20a. EXTERNAL CA	AUSE WAS INTRIBUTING [		RIBE HOW INJURY OCCURE Went off r				il	
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	CTO igna			ted from: Notui			ouicide,		Indetermined man		
	FUNERAL DIRECTOR: Page alth or its designated age		ACTUAL /	10/2 a 1	2 11	2/2	2//	HEF MEDICAL EXAMINER		2	2. DATE SIGNED
	al D		SIGNATURE	chace	010	Nount	/N.D.	SSISTANT MEDICAL EXAMI		1	DATE SIGNED
NFRA	Health or	2	EXAMINER'S NAME (Type)	Charles	F. 0 ' Do:	nnell, M.		EPUTY MEDICAL EXAMINE ddress (Street, city, tawr			14166
O FUNE	Heal		23a. BURIAL, CREMATI	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY		OCATION (City ar Tawn)	(County)	
-	_	1	REMOVAL (Specifical)		1966	Moreland C	emetery	Las assis av assis	ltimore,	TDAD'S CLOMATUD	Md.
Al	15ME (S)		24. FUNERAL DIRECTO		1	ADDRESS	(-34)	2Sa. REC'D BY REGIS		TRAR'S SIGNATUR	Ocudo o
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta athe Maryland Baltimore Baltimore Departmentof MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , 2, o. PM3. P write RURAL and give neorest town) after Baltimore-rural Balto rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs alang with farm 5 Belfast Rd. Timonium, Md. NO A St. Joseph Hospital Item 18. Give Pages ate after death. 3. NAME OF First Middle Lost 4. DATE Month Doy Year 72 DECEASED the E. Dunnick 10 10 19 66 within Carl (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdov) Months Doys Hours July 5, 1902 WIDOWED X DIVORCED hours white 64 male event 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Carpenter Construction COUNTRY? Stewartstown. Penna. 24 any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Examig E Susanna Hild. John Dunnick File pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 Belfast Rd. rd "pending" ir Chief Medical E permit. removal. for mknown) (If yes give wor or dotes of service) 180 05 0365 Mrs. Earl Harmon, Timonium 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Arteriosclerotic cardiovascular disease 0 IMMEDIATE CAUSE (o) This certificate shauld icate, writing the ward be farwarded to the Ch crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 SD burial used 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? please execute the certificate, YES x NO ţ pe 200 EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) plnods shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion far death resulted fram: Natural causes . Accident 1 Suicide [ the funeral director. Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10/11/66 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNEI Health may NAME (Type) Address (Street, city, town, or county) Werner U. Spitz, M.D. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BIREMOVAL (Specify) 1966 New Freedom Cemetery New Freedom, Penna. 25b. REGISTRAR'S SIGNATURE 24) FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Melanley VR A15ME (5) OCT 1966 New Freedom. Penna. DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

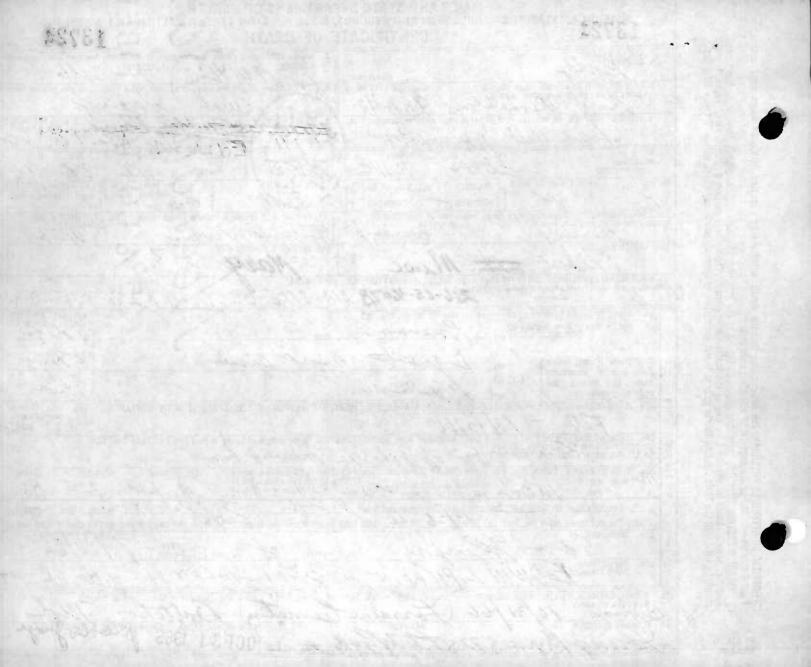
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13719 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY Baltimore delay 15 a STATE b COUNTY Maryland MARYLAND b. CITY OR TDWN (If autside carparate limits, c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) Baltimore Lawson d. NAME OF HOSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs St. Joseph S Hospital 6209 Marlora Road YES NO Give Pages 3. NAME OF 4 DATE Manth Year Day DECEASED OF within . Edward Oct. 1966 Dver DEATH (Type ar print IF UNDER 24 HRS. S SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DE BIRTH birthday) Months Dovs Hours 9/4/18 Male WIDOWED DIVORCED and 2 event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) sales, A.H. Fetting COUNTRY COLONDUSTRY Colorado dny pencil in e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Edward Dver Leona and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknawn) (If yes give war ar dates af service) ar remaval, Mary H. Dyer 6209 Marlora Rd. #12 (a) (b), and (c).) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward used as a burial-tr burial, crematian, DUF TO Canditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES ND p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, priar 3 should PRIMARY ar CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c. TIME DF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) may be retuined ... Funeral Director: Page at work at work designated 21. I certify that I taak charge of the remains described above, held an Autapsy \(\pi\). Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Accident [ Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE-DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health . Charles F. U. Donnell, M.D. Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 50 REMOVAL (Specify Baltimore County. Maryla 10/17/66 Moreland Memorial 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5 Minneley Mitchell-Wiedefeld Home 6500 York Rd. 1966 DATE OCT 6M 1/66 Balt; more 12, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence Baltimore County Maryland PM3. Page b. COUNTY of Pr. Geo. MARYLAND delay ond 3 Department b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after District Heights minutes Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form hours ON A FARM? Mount Wilson State Hospital 5405 Silver Hill Road ote YES NO X Give Pages hours after death. NAME OF Middle 4. DATE Lost Doy Year DECEASED Elizabeth Elfrieda 10 19 66 Dver within DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR 7. MARRIED NEVER MARRIED lost birthdoy) in Item 18. Months Hours White Female WIDOWED DIVORCED ond 2 event 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Norfolk, Virginia ony **Exominer's** pages pencil 13. FATHER'S NAME This certificate should be executed within = Elfrieda Larsen Walter B. Hudson File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address rd 'pending'' in Chief Medical E permit. (Yes, no or unknown) (If yes give wor or dotes of service) 577 - 20 - 8636 removol Records, Mt. Wilson State Hospital 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (0) Pulmonary Tuberculosis vears writing the word cremation, Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 forworded 00 buriol, 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, NO X pe 0 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should designated ogent, prior PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page Not While of work 21. I certify that I took charge of the remains described obove, held on Autopsy ... Inspection X Inquiry and in my opinion director. Notural couses X Accident . deoth resulted from: Suicide Homicide Undetermined monner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY funeral ō DEPUTY MEDICAL EXAMINER 10/12/66 **EXAMINER'S** D.D. Caples, M.D. eolth Address (Street, city, town, or county) NAME (Type) the BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 10-15-66 Cedar Hill Cemetery Suitland, Maryland 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5) Lee Funeral Home 300 4th St.N.E. Wash.D. W. 6M 1/66

ESTEE rungert; Vincinia III.a. had soll water making on almosame - - - - - - - -

	1	MARYLAND STATE DEPARTMENT OF HEALTH _DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	E 1 MADVI AND
District	= 0.4%	CERTIFICATE OF DEATH	13724
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	by the Pages urs aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neacest town)	RURAL and give nearest town)
hours	, i	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE
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within	completely ve carbon event, with	3. NAME OF FIRST Middle Last A. DATE Month OF	Day Year
× p	comple ve carb event,	(Type or print) DEATH	LINDER 1 YEAR HE LINDER 24 HRS
executed	and cor remove any eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF last birthday) MUDOWED DIVORCED 0x 28, 1887 yrs.	Onths Days Hours Min.
be e	sician alease re and in	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR line working life, even, if retired) INDUSTRY,	12. CITIZEN OF WHAT COUNTRY?
ate		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	015, A.
certificate	removal	Richard ALKE Muse Massey.	
95	attending   ermit. Ther in, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unkown)   (If yes give war or dates of service)	
death	the attendit permit.	NO - 216-03-364 AS ALDER BYKE 6738 VINOSOR MILL	Rd -Bott, 21207 Md
9	202	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that	signed by urial-transi urial, crem	IMMEDIATE CAUSE (a)  443 X  DUE TO	1
requires that the	n signe burial-t burial,	Conditions, if any, which gave rise to immediate (b) Digenstative from Sisser	6/pm.
a law requires that t	certificate has been hed for use as the b	cause (a), stating the DUE TO	7 Yrou
law matter	has be e as th h prior		ART 1(a) 19. WAS AUTOPSY PERFORMED?
Ē.	eal eal	Fall - 10/17/66	YES NO Z
PHYSICIAN:	this certification of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN III. OTHER SIGNIFICANT CONTRIBUTION GIVEN	tem 18.)
HYSI	his tac Dep		(County) (State)
93		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) p.m. / 1966 at work at work to chapter the factory street of the fact	we falts Ad.
TTENDING	IRECTOR: Af	21. I certify that (I) (this hospital) attended the deceased from 16, 1957 to 28	, 19 66 that (I) (we) last
ATTA	showith with		nd on the date stated above
	DIR	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	0/28/66
TO HOSPITAL	rage 4 hay be retained by the functor, page 3 should be discount by the Should be filed with the State	22c. PHYSICIAN'S NAME (Type) & DWIN LIPIEBRONT, M. 22d. ADDRESS LYBERTY Pd	Rolt, 4d 2120:
HO.	direct	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	n or county) (Stete)
=	- of	Burral 10/31/66 forsain pennetry Hallo	HOTRAR'S, SIGNATURE LAR
	A15 (4)	Jorna Byers 8728 Filestylgod to DATE OCT 31 1966	maries July
15	M 4-64	of I with the the constitution of the state	



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1372	2		CERTIF	ICATE	OF D	EATH			1	372	25	
		PLACE OF DEATH o. COUNTY	Baltimore		MARY		2. USUAL o. STATE		Where dec	eosed lived, if institu	ution: Resider	ice befor	e odmissio	n) /
	ŀ	b. CITY OR TOWN (	If outside corporate limit	ts,	c, LENGTH OF STAY IN					arate limits, write R	URAL and giv	e neares	t tawn)	
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9			GROVE STAT		pive street oddress)		d. STREET 1718	ADDRESS Mc <sup>H</sup> er	ry S	Street			e. IS RESID ON A FA YES	ENCE RM? NO
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	S. S	(Type or print)	6. COLDR OR RACE	7. MARRIED	☐ NEVER MARRIED	<b>□</b> B.	DATE OF E		DEA	9. AGE (In years	IF UNDER		19 IF UNDER	
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	13.	FATHER'S NAME		7 71	CUSTAIN			R'S MAIDEN N						
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	15.	WAS DECEASED EVE	RINIIS ARMED FORCES		SOCIAL SECURITY NO.		ORMANT	3410		Add	ress			
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		22o. SIGNATURE	Stella	1.	chsler	M.D.	ATTENDI PHYS.	NG 📑	MED. DIRECTOR	STAFF PHYS.	] 10	ATE SIGN	66	
	1	22c. PHYSICIAN'S NAME (Type	) Stella		er, M.D.					GROVE S ore, Mary	TATE land 2	2122	PITA I	
-	~	BURIAL, CREMATION REMOVAL (Specify	10-2	6-66	23c. NAME OF CEME	*	EMATORY PA	PK	5	LOCATION (City of T	one.	(County	K	tote)
2	2A	EUNERAL DIRECTO	Rung Hung	EARL F	Joseph ADDRESS	14		2So. REC'D	BY REGI	25b. 1966	JCLL	SIGNATUL	-	42

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LOCATION (City, town or county) (State) 9 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

perere admission)

e. IS RESIDENCE ON A FARM?

Year

19 66

Day

16

12. CITIZEN OF WHAT

19.

(County)

22b. DATE SIGNED

YES

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO Z

(State)

Davs

COUNTRY?

NO

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 3 ta Page at o MARYLAND death delay b. CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ELLE WILLE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? haurs REGENCY YES NO F David Lee Court with the Sto within 72 h 3. NAME OF Middle 4. DATE First Month Year Dov DECEASED OC TOBER Type or print) DEATH AGE (In years UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH Months (vpbday) Dovs Hours WIDOWED DIVORCED 24 haurs 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done duramost of working life, even if retired) COUNTRY? OWENSBORO ETIRED ROAD pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Example KUEHLE File pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address / DAVI'O LEG (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. COURT NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) This certificate shauld crematian, DUE TO Conditions, if any, which gove to rise to immediate couse (a). DUE TO 0 stoting the underlying couse lost. SD burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA(1) BUT NOT RELATED TO (1/4) E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? HEART NO ţ 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, priar shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om foctory, street, office bldg., etc.) Not While ot work please execute of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection the funeral directar. deoth resulted from: Notural couses Suicide Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE A.C. SDEPUTY MEDICAL EXAMINER OL OLFREDER! Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 0 ALNUT 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Marley VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
E 24.	CERTIFICATE OF DEATH	3729
hy the funeral Pages 1 and 2 ours after death.	PLACE DF DEATH  a. CDUNTY  Baltimore County  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Resi  a. STATE // PRY LATIND. b. COUNTY  HYLY  MARYLAND	e fly vide
hours aft	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	
_	Mount Wilson	02-2
01	Mount Wilson State Hospi tal  Onaldson Ave	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) HARVEY, Middle Edwards 4. DATE OF DEATH OF	Day Year 3 1966
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday Months D. WIDOWED DIVORCED 5-27-19 WIDOWED WIDOWED DIVORCED 47 yrs.	
1	Oa. USUAL DCCUPATION (Give kind of work done   10b, KIND DF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country)   12, CITI	ZEN OF WHAT
	13. FATHER'S NAME PLEXANDER Edwards - 14. MOTHER'S MAIDEN NAME ROSO PARKER.	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 2/2-28-724 Records, Mt. Wilson State Hospi	tal
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOUTO MY Ocardial Inforction —	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO underlying cause last.	
CEDITICION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  POLYMONERY - TUDOR CULOSIS -	19. WAS AUTDPSY PERFORMED?
CEDITIE	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	2Dc. TIME DF INJURY Month, Day, Year   2Dd. INJURY DCCURRED Hour a.m.   While at work   at work   at work   at work   while at work   A work   while at work   A work   while at work   at work   while	y) (State)
	saw the deceased alive on Oct - 3 - 1966, and that death occurred at 250M, from the causes and on the	date stated above
	22a. SIGNATURE  ATTENDING MED. STAFF 22b. DAT  M.D. PHYS. DIRECTOR PHYS. C	3-16-
1	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town or count REMOVAL (Specify) 10-7-66 RACTO MOTIONAL BACTOM S	
M	24. FUNERAL DIRECTOR LANGUE COST COLON ST DATE OCT 7 1956 POLICE CONTRACTOR STATE OCT 7 1956	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b COUNTY deoth. MARYLAND ent b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR LOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) ofter ouson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? 18. Give Pages olong with form 3. NAME OF Middle DATE Year DECEASED OF DEATH within (Type ar print) with S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years OR RACI 7 MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Manths Dovs Haurs hours WIDOWED DIVORCED Office N 10b. KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done 11. BIRABPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Wa. pending" in pencil in ef Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil certificate should be executed within \_ File puo INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates of service) or removol. alesses. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: DNSET AND DEATH IMMEDIATE CAUSE (a) writing the word cremation, DUE TO Canditians, if any, which gave rise to immediate cause (a), forworded to DUF TO stating the underlying cause 0 lost. burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO the certificate, 0 YES pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) plnods ogent, prior PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Poge at wark 21. I certify that I took charge of the remains described above, held on Autopsy \(\preceq\), Inspection ... Inquiry , ond in my opinion deoth resulted from: Suicide director. Noturol couses Accident Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Heolth O'Donnell, M.D. NAME (Type) Charles F. Address (Street, city, tawn, ar county) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 EMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13728 death. and campletely filled in by the funeral remove carban papers. Pages 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 49 DAYS BALTIMORE - 21230 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 441 E. GITTINGS STREET VETERANS ADMINISTRATION HOSPITAL YES NOX 3. NAME OF First Middle 4 DATE Manth Year DECEASED CLARENCE SAMUEL EMMONS, JR. OCTOBER 19 66 (Type or print) DEATH 9. AGE (In years S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) MALE WHITE SEPTEMBER 13,1911 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? U.S.A. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY CONSTRUCTION SALEM. NEW JERSEY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MAE CHEESEMAN CLARENCE E. EMMONS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) 218 03 97 36 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARCINOMA RIGHT LUNG Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached for use shauld be filed with the State Dept. af Health SUPERIOR MEDIASTINAL ABSCESS Na 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Yeor factory, street, office bldg., etc.) Not While at work 21. I certify that \$1) (this haspital) attended the deceased fram 8/23/66 ta 10/11/66, 19\_\_\_, that (4) (we) last . 19 10/11/66 19 , and that death accurred at 9:30AM, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. X M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN VAH FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify)

20 M 1/66

requires that the deoth certificate be executed within 24 haurs after death

24. FUNERAL DIRECTOR

10 14 66

BALTIMORE NATIONAL

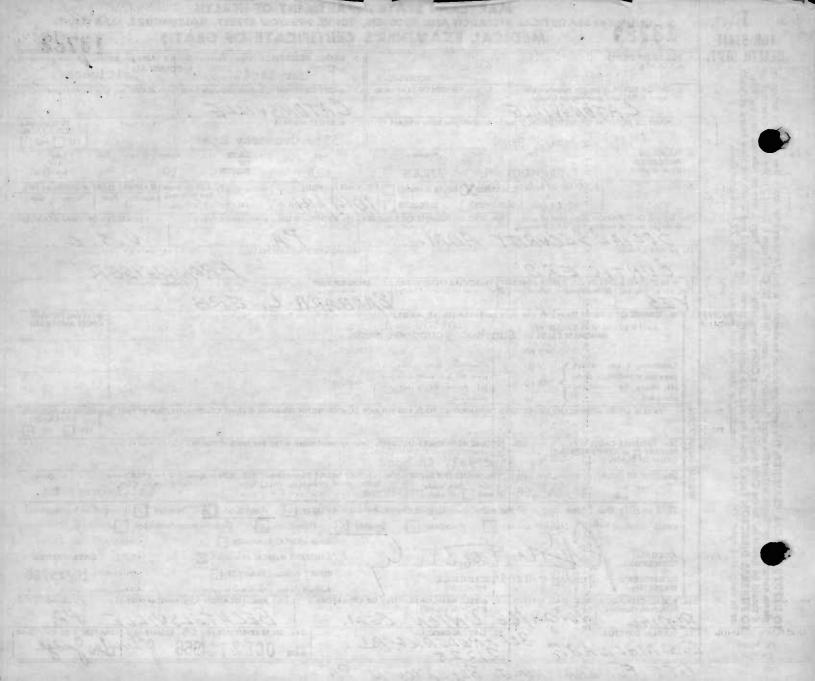
2So. REC'D BY REGISTRAR

BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE

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necessary, sctor. Page our files. of Health,		Baltimore MARYLAN  CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN			f outside corporate lin	mits, write			own)
of ct of		write RURAL and give neerest town)  CATONSVILLE		0.	VILLE				1
dire for ye Board	-	NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give street addrass)		d. STREET ADDRESS	11225				RESIDENCE
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the further fu		NAME OF First Middle		Last	4. DATE OF	Month	De	y Yo	ar
.00 = 0		Type or print) RICHARD ALLEN		ERB	DEATH	10	24		9 66
d 3 to a by by with s affi	5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DAT	E OF BIRTH	last b	(In years   irthday)	Months Days		ER 24 HRS.
E E C D		Male White WIDOWED DIVORCED	101	9/31	35	yrs.			
1,2,2 ge 5 and 72 ho	do	USUAL OCCUPATION (Give kind of work during most of working life, even il refired)	USTRY 11.	BIRTHPLACE (Slete	or loreign country)				COUNTRY?
Pages A3. Pages 1	13	FATHER'S NAME	1 14	MOTHER'S MAIDEN	NA MF		10,5	.6	
2 4 4 4 5	10.	Pun-u For		MOTTER 3 MAIDEN	EDO	111	1-1-	^	
EO EE E		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	7. INFO	RMANT	114	Address	EISEI	<	
	(Ya	no, or unkown) (If yes give wer or detectors ervice)	BARI	RARA L	FRB				
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	71.0					NTERVAL B	
ould be exect in pencil in I Office along burial-transit noval, and in		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of	head					NASCI AIN	, DEATH
		976 X DUE TO							
should by in personal a burial removal	3.	Conditions, il any, which							
ding"		gave rise to immediate cause (e), stating the underlying  DUE TO							
0 = = 0		cause last.  (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT BEL	ATED TO THE TERMIN	NAL DISEASE CONDIT	TION CIV	EN IN DART 1/a)	110 WAS	ALITORSY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT	I NOT KEE	ATED TO THE TERMIN	AL DISEASE CONDI	1014 614	CIN IIN PAKT I(0)	PERI	FORMED?
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0 0 0	CERT	PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH.  Shot self in head	4						
EXAMINER: the, writing the the Chief Ma R: Page 3 sho ior to burial,	3	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e.	PLACE OF	INJURY (Home, farm		n)	(County)		(State)
the C the C R: Pag	MEDICAL	Hour a.m. 10/24 1966 While Not While at work et work Ho	ome	reel, office bldg., etc.	1		Baltimo	re	Md.
Cate to the price		21. I certify that I took charge of the remains described above,	, held an	Autopsy .	Inspection X	Inquir	y 🔲, ar	nd in my	opinion
CAI Cad ant,	1	death resulted from: Natural causes . Accident .	Suicide [	X. Homicide	, Undeterm	nined m	anner 🗌		
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н н 1	23	FUNERAL DIRECTOR 301 FACTOR	01	24a. REC			ISTRAR'S SIGN		
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The state of the s	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
	h. 2ª. h.		13730 CERTIFICATE OF DEATH 13	733
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	24 fille pape in 77	21	Holly Hill Norsing Home	YES NO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and firstly event, within 72 hours after death	3	NAME OF DECEASED (Type or print) Edna Corkvan Evaus 4. DATE Month OF DEATH Otto her	Day Year
	ted comp ve co	5	. SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. ACE (In years   FUNDER	1 YEAR IF UNDER 24 HRS.
	and emo		VIII WILLIAM WILLIAM DIVORCED VEC. 8, 1089 8/ VIS.	Days Hours Min.
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	endi it. 1		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or unknown) (If yes give war or dates of service)	
	feath e att	Ĺ	No None Family Records	
	the oy the sit is		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	hat cian led bed trar-trar	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Ardiae Mailure	
	sign sign urial	4	Conditions, If any, which ) (b) (Interioselerosis	
	ing ling l		gave rise to immediate cause (a), stating the DUE TO	
	aw r ttend has h as t as t priou	Z	underlying cause last. ) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
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	AN: pital rrtific d for of He	RTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. OR CONTRIBUTING   CAUSE OF DEATH	.)
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	the det	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   (City or town) (Cou	unty) (State)
	OR ATTENDING be retained by JIRECTOR: After ge 3 should be ed with the Stat	×	21. I certify that (i) (this hospital) attended the deceased from Aug 10, 1964 to CCX 30, 1964	6, that (I) (we) last
	tain TOR: shou	3	saw the deceased alive on 1900, and that death occurred at 140 M, from the causes and on the	
	DR A			ATE SICNED
	AL DAR		226. Physician's NAME (Type)	0/31/60
	Page 4 may be Pruse 4 may be Funeral DIR director, page should be filed v	/=	A MARIENCE (103) 1000 JOHN RU JAMES	221212110
	Pag Pag TO Fit dire	2	33. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or con REMOVAL (Specify)	unty) (State)
		7	24. QUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR	'S SICNATURE
	VR A15 (4)		John During Sons, Towson, Med DATE NOV 3 1986 golian	les Judge
6573	20M 1/65	L.		0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY and 3 to Maryland Baltimore Baltimore County MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 2 109 days Baltimore 21205 Mount d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? haurs 801 N. Eden Street Mount Wilson State Hospital 8. Give Pages NO A ate after death. NAME OF 4. DATE First e St 72 Year DECEASED 10 166 with the Evans Type or print James DEATH YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED pirthdoy) Months Doys Hours 12/31/00 colored WIDOWED DIVORCED in Item 1 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY business Georgia dny Junk collector Examiner's pages in any pencil 13 FATHER'S NAME This certificate shauld be executed within Mattie Macaby George Evans OD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. icate, writing the ward "pending" is be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) permit 218-12-6856Records - Mt. Wilson St. Hospital No remay 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Bronchogenic Carcinoma a IMMEDIATE CAUSE (o) year crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 SD nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? Pulmonary Tuberculos9s please execute the certificate. NO 0 priar t 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) shauld shauld Fell out of bed EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d INJURY OCCURRED (City or town) (County) (Stote) Hospital 66<sup>m</sup> Not While of work of work may be retained far yaur FUNERAL DIRECTOR: Page Mt. Wilson. Balto. Md. Inspection X. 21. I certify that I taak charge of the remains described above, held an Autopsy \(\preceq\), Inquiry and in my apinian Notural couses death resulted from: Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY 5 may be TO FUNERAL Health ar i 10/11/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Caples. D.D. Address (Street, city, town, or county) NAME (Type) the NAME OF CEMETERY OR CREMATOR) 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) REMOVAD (Specify) **ADDRESS** REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13732 requires that the death certificate be executed within 24 hours after death and attending physician and campletely filled in by the funeral bermit. Then please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE h. COUNTY TIMO MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO oan papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4000 GOUGH HomE NO YES NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 0F 10 66 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY 4 COUNTRY? 0 WATCHMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give wor or dotes of service CARRIE FRANKLIN VNK CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse attending TO FUNERAL DIRECTOR: After this certificate has been the lost. SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO E YES [ be retained by the haspital or far 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram 19 6, that (I) (we) last ce, and that death occurred at 7.30M, from causes and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS. PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) down 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13738 CERTIFICATE OF DEATH within 24 haurs after death. death and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND attending physician and camprocory .... pages in permit. Then please remave carban papers. Pages in permit, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) DAYS BALTIMORE FORT HOWARD d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) VETERANS ADMINISTRATION HOSPITAL 2601 Madison Avenue YES NO DE 3. NAME OF Middle 4 DATE First Lost Month Year Day DECEASED HARRY FAY G. OCTOBER 19 66 3 (Type or print) DEATH requires that the death certificate be executed SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Haurs FEBRUARY 28,1893 MALE WHITE burial, crematian, or remaval, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) **INDUSTRY** BALTIMORE, MARYLAND MANAGER APARTMENT HOUSE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BERTHA EISEMAN GEORGE FAY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 212 10 23 37 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) RANSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DHE TO MONTHS LEFT CEREBRAL THROMBOSIS Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause as the UNKNOWN GENERALIZED ARTERIOSCLEROSIS WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has af Health p CERTIFICATION YES X NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a.m. Not While at wark at wark O FUNERAL DIRECTOR: After 9/8/66 10/3/66 21. I certify that (1) (this hospital) attended the deceased from. 19 , 19 , that HF (we) last . ta director, page 3 should shauld be filed with the 10/3/66 19 and that death accurred atl.1:20PM/from causes and on the date stated above. saw the deceased alive an-22b. DATE SIGNEO 22o. SIGNATURE **ATTENDING** 10/4/66 M.D. PHYS **OIRECTOR** PHYS. 22d. ADDRESS 22c. PHYSICIAN'S budas, M. GEORGE NAME (Type) VAH FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURLAL (Specify) HEBREW FRIENDSHIP CEMETERY BALTIMORE, MARYLAND 10/5/66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR LEVINSON 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley

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2	1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1012			13734 CERTIFICATE OF DEATH 13737
1	death.	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	the fu		Baltimere MARYLANO MARYLAND MARYLAND
	rs af by t Page Irs a		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  c. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)
	hour do in rrs.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	executed within 24 hours after death, and and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death.	X	heater Baltimore Medical Center 4902 Hundon AVE, YES NO ET
	etely bon with	3.	NAME DF First Middle Last 4. DAYE Month Day Year
	ed w ompl car vent,	5.	(Type or print) Frances 11: teather DEATH Oct. 5 1966
	and cremove	1	Last birthday) Months Days Hours Min.
	an a an a lin a	10: du	A. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	certificate be e	15	Gomemater Rollinge Md 45
	iffica 16. p	13	m to Julian Cl
	5 5 E	15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT Address
	CIAN: The law requires that the death certificate be ospital or attending physician. Certificate has been signed by the attending physician hed for use as the burial-transit permit. Their please t. of Health prior to burial, cremation, or removal, and i	100	25, no, or unkown) (If yes give war or dates of service) 3 10.18 9686 Pt's Chart
	he he mai		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSED BY:  15 Sect 10/0 AORTIC A NEW RYSM  INTERVAL BETWEEN ONSET AND DEATH
	cian.		PART I. DEATH WAS CAUSED BY: DISSECTING HORTIC ANEURYSM JORSE AND DEATH
	hysid sign urial urial		Cenditions, If any, which (b)
	equir ing p een he bi to b		gave rise to immediate (CD)  cause (a), stating the OUE TD
	tend tend las b as t as t prior	2	underlying cause last. (c)
	he la ste hate hate hate hate hate hate hate ha	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN?
	ital (ital for for f Heer	CERTIFICATION	PATERIOS CLERATIO CARCIOUAS CULTUR DISEAS & COLD MY OCANDIO INFARTUR YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Part II of Item 18.)
	PHYSICIAN: The law requires that the the hospital or attending physician, this certificate has been signed by the detached for use as the burial-transit e Dept. of Health prior to burial, cremain		20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.)  DR CDNTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)
	the horthis detack	MEOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE DF INJURY (Home, farm, 1 20f. (City or town) (County) (State)  Hour a.m. While Not while factory, street, office bidg., etc.)
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	etained etained STOR: A should th the S		21. I certify that W/(this hospital) attended the deceased from \$1000000000000000000000000000000000000
	reta ECTO 3 sho		22a. SIGNATURE 22b. OATE SIGNED
	ay be only sage filed		M.O. PHYS. MEO. STAFF DIRECTOR PHYS.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior of burial, or the state Dept.		22c. PHYSICIAN'S NAME (Type) T. C. CULLIS MD 22d., ADDRESS Baltimore Medical Cerla
	Page Page FUI direc	23a	DESCOUNT (0104)
	= = "	24	
	VR A[5 (4)	-	Fuck Funeral Have Harford Rd, DATE OCT 7 1966 Illianles Judge
	20M 1/65	-	ari Over

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	er death	funeral 1 ond 2 ter death		PLACE OF DEATH O. COUNTY Baltemase	) Maryland Maryland	2. USUAL RESIDENCE (Where deceosed liv	ed, if institution: Residence before odmission) b. COUNTY
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	certificate be executed within 24 hours after	드오스	1	A NAME OF HOSPITAL OP INSTITUTION (If not in h	rospitol, give street oddress)	d. STREET ADDRESS Fourth	S. IS RESIDENCE ON A FARM? YES NO NO
	d withi	bon		NAME OF DECEASED Type or print) FURLEY,	Edward	Lost 4. DATE OF DEATH	Month Doy Year 10 - 17 19 6 6
	execute	and complet remove car in any event	1	nale white w	DIVORCED	12-7-1884 8	(In yeors   IFUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
	ate be	physician are please recovery and in	6	. USUAL OCCUPATION (Give kind of work done of most of working life even if refired)	10b. KIND OF BUSINESS OR CHUIL SERVICE	11. BIRTHPLACE (County & State, or foreign of the County o	ountry) 12. CITIZEN OF WHAT COUNTRYS
	certific	Then premoves	1	George Fiese		14. MOTHER'S MAIDEN NAME HE IFORMANT	15e-1)
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	that th	the nsit mat		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cingetin Cul	est pailur	, INTERVAL BETWEEN ONSET AND DEATH
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	O HOSPITAL Page 4 may	O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22c. PHYSICIAN'S NAME (Type) ANSACH MO	M. 4/11/630.	8155 Loch B	aven Blvd. Md.
	Page	TO FUNER director, should b	1	BURIAL, CREMATION, 23b. DATE THEREOF	1966 23 NAME OF CEMETERY BY	ott /Ani	N (City or Town) (County) (Staye)
		VR A15 (4) 20 M 1/66	24	John M. Taylor.	Sons anywh	2 KUL DATE OCT 21 1	25b. REGISTRAR'S SIGNATURE 966 McCharles Juage

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13736 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 Hours Baltimore Fort Howard filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 event, within 72 1021 Elmora Avenue Veterans Administration Hospital 3. NAME OF First Midd1e Lost 4. DATE Month Dov Year DECEASED LE ROY 19 66 FIELDS OCTOBER 3 CHARLES (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months Hours 10/12/95 White WIDOWED DIVORCED Male 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11, 81RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT permit. Then please right or remove and in during most of working life, even if retired) INDUSTRY Baltimore, Maryland Bar Tender Tavern 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Meyers Charles Fields 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian, ar Clinical Records, VA HOSPITAL, FT. HOWARD, MD. 217-12-96-26 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH ARTERIOSCLEROTIC HEART DISEASE WITH OLD signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. MYOCARDIAL INFARCTION Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse as the this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION CEREBRAL THROMBOSIS RIGHT MIDDLE CEREBRAL ARTERY. OLD YES K NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work After ot work 19 66 , to 19 66, tho (VI) (we) last 21. I certify that (I (this haspital) attended the deceased fram 10/2/ 3 shauld I with the S O FUNERAL DIRECTOR: saw the deceosed alive on 10/3 1966 and that death accurred at \$154 M, from couses and an the date stated above. 22b. DATE SIGNED 10/3/66 22o. SIGNATURE directar, page 3 shauld be filed v DIRECTOR PHYS. 22d. ADDRESS O. DEOCAMPO. NAME (Type) VA HOSPITAL FORT HOWARD. MARYLAND 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 10/6/66 BALTIMORE NATIONAL BALTIMORE. MARYLAND 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Brehms Lane BALTIMORE, MARYLANE

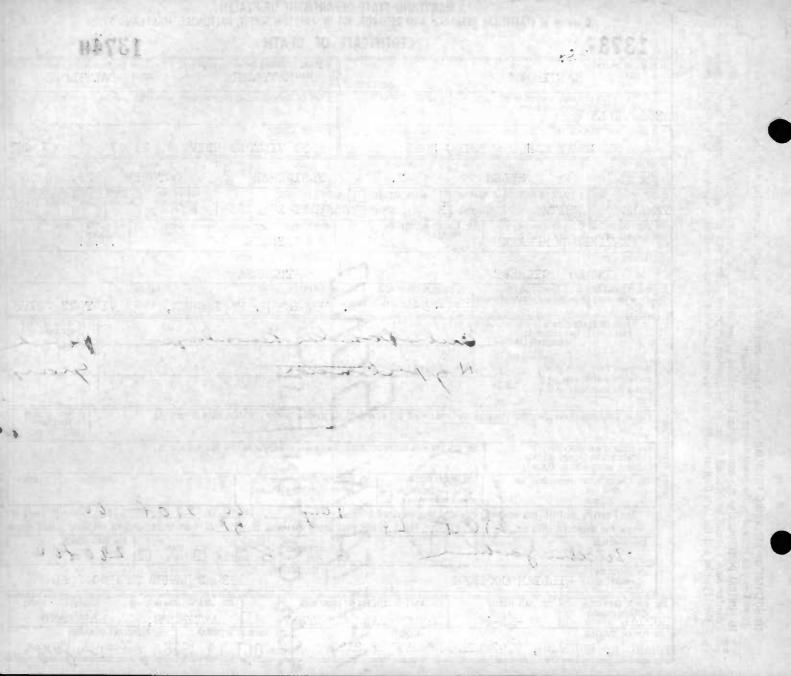
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HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

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VR A15 (4) 20 M 1/66



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attend directar, page 3 shauld be detached far use as the burial-transit permit shauld be filed with the State Dept. af Health priar to burial, crematian, and

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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o. COUNTY Balt	imore		MAR	RYLAND	o. STATE Maryland	Muete deceose	b. COU		nce befor	e damission)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institutions Residence before b. COUNTY BALTO a. COUNTY a. STATE BALTIMORE MD. MARYLAND the funeral CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b may LIPE DUNDAL K d. STREET ADDRESS 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE delay nd 3 to Page ON A FARM? State 226 DETROIT DETROIT AVE. YES ND A 2, and PM3. 3. NAME OF Year First Middle Last the DECEASED JOSEPHINE SUHRIEFER FRAZIER DEATH (Type or print) 19 2 with within 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH ifter death. If Give Pages 1, ng with form 7. MARRIED NEVER MARRIED CAUCASIAN FEM. WIDOWED J DIVORCED l and a 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS DR BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY USA DISTILLERY MARYLAND INSPECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours Item 18 EDW J SCHRIEFER M. PRASCH 17. INFORMANT 16. SOCIAL SECURITY NO. Address SEE NO. (Yes. no. or unkown) (If yes give war or dates of service) permit. certificate should be executed within iting the word "pending" in pencil is ded to the Chief Medical Examiner's 218/18/2940 NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the B used as a to burial, underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION PERFORMED? YES ND should be INDIRY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS DESCRIBE PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shou MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE DF INJURY (Home, farm, | 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work the cert 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my ppinion DIRECTOR: Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER your ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Addres Greet oty director. retained NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (City, town or county) REMOVAL (Specify) 0 Belair. Belair Mem. Grdns. REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY 1966 VR A15ME DUNDALK. 35D0 4-64

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13740 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP的 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLINTY o STATE b COLINTY 0 PM3. Page 0 death. Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) and write RURAL and give nearest tawn) after Essex (21) Essex (21 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Give Pages 1508 Eastern Blvd. (Street) 335 Maple Avenue NO F ofter death. 3. NAME OF Middle 4. DATE Manth Day Year DECEASED within (Type or print) DEATH October 10 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years NEVER MARRIED IF UNDER 24 HRS last birthday) Manths Davs Haurs hours WIDOWED DIVORCED event Male White Aug. 27, 1910 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? 24 pages I Baltimore, Maryland

14. MOTHER'S MAIDEN NAME Machinist Aircraft Mfg. Co. 2 USA pencil 13 FATHER'S NAME This certificate should be executed within George Friedel Magdaline Kraus ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, grunknawn) (If yes give war ar dates af service) removal, 212 07 7076 Angelene Friedel No Same 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 IMMEDIATE CAUSE (a) writing the word cremation, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause forwarded last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS) PERFORMED? YES M NO 2 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) FUNERAL DIRECTOR: Poge Nat While factory, street, affice blda., etc.) please execute at work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection -Inquiry ( and in my opinion the funerol director. Notural couses Accident death resulted fram: Suicide | Homicide | Undetermined manner be retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth NAME (Type) Address (Street city town or county) Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) Burial (Specify) 10/14/66 Balto. Co., Maryland Sacred Heart of JesusCemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR VR A15ME (5) Bruzdzinski Funeral Home 1407 Eastern Ave. #21 DATE OCT 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
/ <sub>=</sub>	E 74 M	13741 CERTIFICATE OF DEATH
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24	tely filled oon papers. within 72 h	3630 Forest Garden Avenue 3630 Forest Garden Avenue YES \( \substantial \) No \( \substantial \)
i ii	tely on p withi	3. NAME OF First Middle Last   4. DATE Month Day Year
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O HOSPITAL	o FUNERAL DIRE director, page 3 should be filed v	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. ond physician and campletely filled in by the funeral on blease remove carban papers. Pages 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 haurs after deat o. COUNTY Rel timore a. STATE b COUNTY, - . MARYLAND MAryland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) hours Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. SPRET ADDRESS 6201 Loch Raven Boulevard IS RESIDENCE ON A FARM? hin 72 l St. Joseph's Hospital NO NAME OF Middle 4. DATE First Lost Manth Doy Year DECEASED FROEHLICH Charles October 17 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SFX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthday) Manths Dovs Haurs 11-21-88 Male Whi te WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

C P A - self COUNTRY? **Y STRIIGNI** Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Conrad Freehlich Carl Dorothy 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Chapel Court Md. (Yes, na or unknown) (If yes give war ar dates of service) 10 212-36-7644 Mr. Charles J. Freehlich INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (o) signed by DUF TO burial Hypertensive Vascular Disease Canditians, if any, which gave rise to immediate couse (a). DUF TO stoting the underlying couse the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been Health priar ta as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City ar tawn) (County) (State) foctory, street, office bldg., etc.) Not While ot wark at work be retained by 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an Oct. 17 and that death accurred at 10 PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED 10-17-66 Lamos DIRECTOR PHYS M.D. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lopez Ramon 7620 York Road - Towson, Md. 21204 directar, shauld 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) 10/20/1966 Parkwood Cemetery Baltimore, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 8 Milanles Q 1966 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Agridence before admission) a. COUNTY b. COUNTY after MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN Of odtside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b hours w sor WEEKS = bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET APORESS e. IS RESIDENCE ON A FARM? NO X YES within etely carbon NAME OF Middle DATE Month Last Day Year and conremove caracter event, v DECEASED (Type or print) DEATH 19 executed 5. 6. COLOR OF RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED 🔽 DIVORCED physician of physi 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pe during most of working life, even if retired) INDUSTRY COUNTRY? SECRETARY ENTAL certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending permit. Ther remov CKER Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. | 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) NO-AMUE MONIUMISD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH -transi I. DEATH WAS CAUSED BY: merco been signed the burial-transtrant IMMEDIATE CAUSE (a) DUE TO relius Carrin on a Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior 1 underlying cause last. has 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY this certificate I detached for use te Dept. of Health for use Health PERFORMED? YES NO T CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not Whlie After 19 p.m. at work at work D the 19 5, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 1966, and that death occurred at saw the deceased alive on. A. M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING DIRECTOR M.D. PHYS. PHYS. may director, pa 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Soecify) METER **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b/ 25a. YORK VR A15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Baltimore o. STATE Maryland delay 1. o. COUNTY Baltimore death. MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) tate Departme 10 Mins. Lutherville Towson 21093 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm Item 18. Give Pages 1, Towson Plaza Charmuth Road YES NO X 3. NAME OF 4. DATE First Middle Last Month Year within 72 DECEASED Gladvs Gailev Oct. 24 19 66 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Haurs DIVORCED White WIDOWED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? any Michigan U Housewife Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edith Dawson File Russ Chammuth Road 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. This certificate shauld be executed e, writing the ward "pending" farwarded to the Chief Medical (Yes, na, ar unknown) (If yes give war or dates af service) or removal. Lutherville, Md. M. Jane Gailey INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13746 CERTIFICATE OF DEATH 0 requires that the death certificate be executed within 24 hours after death any event, within 72 hours ofter deoth ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY BALTIMORE o. STATE MARYLAND MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 8 DAYS BALTIMORE FORT HOWARD filled in I e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS popers. 1305 FREMONT AVENUE VETERANS ADMINISTRATION HOSPITAL YES NOX 4 DATE 3. NAME OF Middle Month First Last Day Year remove carbon DECEASED OF OCTOBER GAINES 11 WESLEY 66 (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED thday) Hours JANUARY 11,1908 NEGRO DIVORCED MALE WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
BARBER BARBER SHOP physicion VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or remov EDDIE GAINES LENA PORTER 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates af service) 218 10 92 38 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit CONGESTIVE HEART FAILURE WITH MYOCARDIAL INFARC IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. signed by DUNCTION BRONCHOGENIC CARCINOMA RIGHT LUNG UNKNOWN Canditians, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause detached for use os the te Dept. of Heolth prior to FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Haur o.m. Not While at wark at wark ta\_10/11/66 21. I certify that PA (this haspital) attended the deceased fram 10/3/66 . 19 that A (we) last , and that death accurred at 2:202M, fram causes and an the date stated above. 10/11/66 19 saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 10/12/66 director, poge 3 should be filed v " M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND LAWRENCE F. AWALT, JR., M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, BALTIMORE, MARYLAND REMOVAL (Specify) BALTIMORE NATIONAL 0 25b. REGISTOAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept, of Health prior to burial, cremation, or removal, and it	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 1	8.)
PHYS the larthis deta	Mills - NOT Willis -	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	ounty) (State)
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OR ATTENDI be retained JIRECTOR: A ge 3 should	22a. SIGNATURE	ATTENDING - MED STAFF	DATE SIGNED  0-30-66
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O HOSPITAL Page 4 may O FUNERAL director, pag should be file	NAME (Type) David L. Willer	Unson Rd - Owing	mills, Md.
ro Hospital. Page 4 may O Funeral. director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		
	BURTAL 11-2-66 LOUDON PARK 24. FUNERAL DIRECTOR ADDRESS	CEMETERX BALTIMORE,	MARYIA ND R'S SIGNATURE
VR A15 (4)	Hullard Funeral Home 4197 Williams	Cle DATE NOV 3 1966 gold	arles Judge
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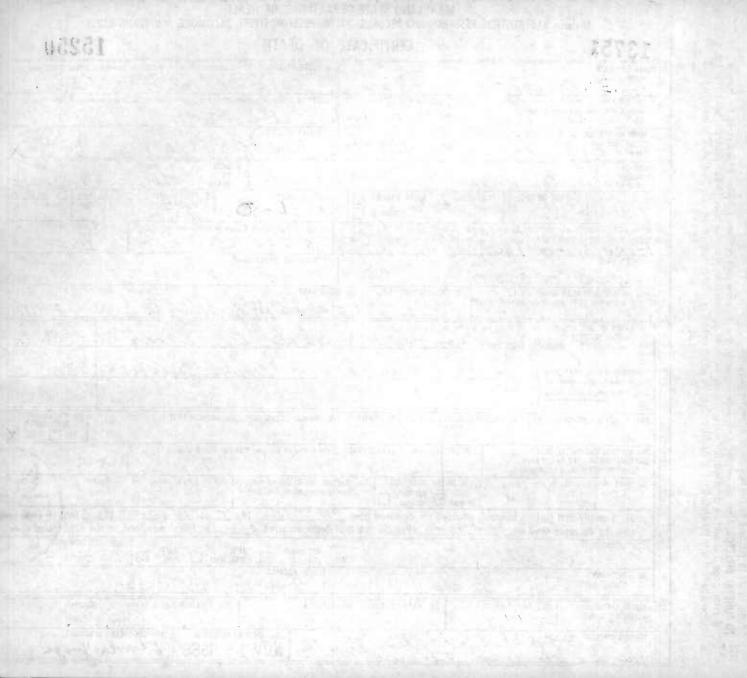
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH peath requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH completely filled in by the funeral a. COUNTY C LENGTH OF STAY IN 16 and give nearest town write RURAL and give mearest tow d. STREET e. IS RESIDENCE ON A FARM? NSTITUTION (If not in haspital, give street address) event, within 72 00 3. NAME OF DECEASED (Type or print) carbon Middle DATE Day OF DEATH YEAR S. SEX IF UNDER 6. COLOR OR RACE 7. MARRIED OF BIRTH Manths Days Haurs WIDOWED' DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during host of working life, even, if refred) SOCIAL SECURITY NO. (Yes, na drunknown) (If yes give war ar dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-tronsit IMMEDIATE CAUSE (a) signed by be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES [ NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Nat While factory, street, affice blda., etc.) at wark at wark 1990 to/0/13 21. I certify that (I) (this haspital) attended the deceased fram. 19 66, that (1) (we) last 1966, and that death accurred at Sp. M, from causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FRATON. director, should b (State) 230 BURIAL, CREMATION REMOVAL (Specify) (City or Town) (County) VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and o. COUNTY o. STATE b. COUNTY BALTIMORE MARYIAND MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 10 DAYS BALTIMORE - 21206 FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 6611 Walters Avenue VETERANS ADMINISTRATION HOSPITAL NO TH The law requires that the death certificate be executed within 3. NAME OF First Last 4. DATE Month Day Year DECEASED JOSEPH GLUCK OCTOBER 24 66 19 (Type ar print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Haurs JANUARY 12.1897 MALE WHITTE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, ar foreign cauntry) during most of working life, even if retired) PLUMBING SHOP COUNTRY? NEW YORK, N. Y. PLUMBING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL GLUCK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 085 01 02 10 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
PRETIMONTA BT INTERVAL BETWEEN signed by the burial-transit p AS CAUSED BY:
IMMEDIATE CAUSE (o) PNEUMONIA, BILATERAL, UNDETERMINED ORGANISM TONSFEAND DEATH DUF TO (b) METASTASES TO BONE, LUNGS, NODES UNKNOWN Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been far use as the (d) CARCINOMA PROSTATE UNKNOW OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PULMONALE; PULMONARY EMPHYSEMA; ARTERIOSCLEROTIC HEART DISEASE, 19. WAS AUTOPSY PERFORMEO? NO CARDIAC INSUFFICIENCY YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) Not While at wark 21. I certify that (t) (this hospital) attended the deceased from 10/14/66 saw the deceased glive an 10/24/66 19 and that death occurr ta10/24/66 \_\_\_\_, 19\_\_\_\_, that (X) (we) last . 19 and that death occurred at 11:40 from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o, SIGNATURE **ATTENDING** MED. DIRECTOR 10/25/66 M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND BURTAT. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Melianter 6009-Harford Road, Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 death 13753 CERTIFICATE OF DEATH be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore o. STATE von papers. Pages I within 72 hours after MARYLAND 2/timore CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 .⊆ ITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i Windsorm YES NO NAME OF DATE Middle Lost Dov Year DECEASED 1966 (Type or print) STPET DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED t birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? andi TITTA PHYSICIAN: The law requires that the death certifieat 13. FATHER'S NAME Late-George 14. MOTHER'S MAIDEN NAME or remayal. Kamm Late-Lona Englehardt phy 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service ndsor crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS)
PERFORMED? CERTIFICATION with the State Dept. af Health NO certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 1966, to 10 - 8 21. I certify that (I) (this hospital) attended the deceased fram 10-1966, that (1) (we) las 1966, and that death occurred at 11: 40 M/fram causes and on the date stated above saw the deceased alive on no 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF mor M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, pa should be f NAME (Type) D. Simon. M. D. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Loudon Pla 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles Judge Witzke F.D.-4101 Edmondson Ave. VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3755 and 2 requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please, regrave carban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of PLACE OF DEATH b. COUNTY Prince George's a. COUNTY a. STATE Maryland Baltimore MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) wee Hvattsville, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPIT AL 1915 Erie Street YES | NO X 3. NAME OF Middle 4 DATE Month Day Year DECEASED October 27 66 Reister 19 (Type or print) DEATH Groomes IF UNDER 1 YEAR B. DATE OF BIRTH Aug 9, 1883 IF UNDER 24 HRS. S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 ast birthday) Manths Davs white male WIDOWED DIVORCED 8 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired a company of the comp COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME the attending phys phyhopph William E. Delilah Dower WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Groomes (Yes, na, ar unknown) (If yes give war or dates at service) 578-42-6180A IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerosis, generalized and severe IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO X Pyelonephritis YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) ro Hospital or Attendine Page 4 may be retained by 19 66 to Oct. 27 21. I certify that ( (this haspital) attended the deceased fram. Oct. 5 19\_66that (I) (we) last 19 66, and that death accurred of 100 saw the deceased alive an Oct. 27 M, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR Sella Wacholes 10-27-66 M.D. director, page 3 should be filed v PHYS. 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 2Sb. REGISTRAR'S SIGNATURE 20 M 1/66

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1375
he funer s 1 and fter deat	1. PLACE DF DEATH a. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY Bultimore
Pa Pa	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Baltimore  30.4
Find Paper	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Oulaney Towson Nursing Home  1514 Turlaw Road  e. IS RESIDENC DN A FARM?  YES \( \sum \) ND \( \text{PC} \)
art art	3. NAME DF DECEASED (Type or print) Mary 7. Gunders dorf DEATH Oct. 19, 1966.
and cor emove any eve	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR   Hours   Min.   Hours   Min.   Min
d is	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY?  11d. BIRTHPLACE (County & State, or foreign country)  12d. CITIZEN OF WHAT COUNTRY?  13d. BIRTHPLACE (County & State, or foreign country)  12d. CITIZEN OF WHAT COUNTRY?
Then programmer of the program	13. FATHER'S NAME William T. Hughes 14. MOTHER'S MAIDEN NAME Annie F. Scott
attend ermit. on, or re	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) (Second of the service) (Second of the service) (Ar. George N. Gunders dor Long Headow
es that the u hysician. signed by the urial-transit p urial, crematic	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which (b) arteriosclerotic cerebrova, when decrees with
required by required by the property of the pr	gave rise to Immediate cause (a), stating the underlying cause last.  DUE TD Appertures To June 1
or atte	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? YES NO
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tained   TOR: Af Should t	21. I certify that (I) (this hospital) attended the deceased from Feb. 1959, to Sept 19, 1966, that (I) (we) last saw the deceased alive on Sept 19, and that death occurred at 6. M, from the causes and on the date stated above
y be re DIREC age 3 iled with	22a. SIGNATURE  M.D. ATTENDING MED. STAFF 10/29/6 6
e 4 ma NERAL ctor, p	22c. PHYSICIAN'S NAME (Type) E. J. Alessi 22d. ADDRESS 6217 Harford Road
Pag To Fu dire shot	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (city, town or county) (State)  Burial 10/21/66. Moreland Mem. Cemetery Baltimore, Md.
VR A15 (4)	24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 DATE CT 2 1 1966 Icharles Judge
	FUNERAL DIRECTOR: Afternation of the law requires that the usual certaincare be executed within 24 hours are age 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the frector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 ould be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after

CONTRACTOR OF THE PROPERTY OF mint and the first the second section of the second sections and the second AND THE REPORT OF THE PARTY OF STANDARD WEST CONTRACTOR C. M. Wiener e - 10/27/20. I sanscipti de Calebrille Edettinite, sud theories is the state distinct state of the length and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13757 requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) OWA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hin YES NO 🖂 3. NAME OF 4. DATE First Lost Month Dov Year DECEASED 30-(Type or print) 0 19 66 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED birthdoy) Months Hours Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? USA 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Baltimore County Saleswoman Sales 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Heinzelman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 70 Cliveden Rd. Henry E.Gyr 214-22-1657 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN acute. burial-transit ONSET AND DEATH Myocardia IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While ot work ot work 10-29-, 1966, ta 10-30-, 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 16-30-1966, and that death accurred at 11:50PM, fram causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b DATE SIGNED ATTENDING Milio M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMQVAL (Specify) Parkwood Cemeterv Baltimore, Maryland 1-2-66 Buria ADDRESS FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 6.4600 Liberty Hghts. Avenue DATE

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FOR STATE HEALTH DEPT. is necessary, director Page TO DEPUTY: ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necloplease execute. Certificate, writing the word "pending" in pencil in Item 18. Give Pages 7, 2, and 3 to the fundired should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

1	MARYLAND STATE DEPARTMENT OF HEALTH	*
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND.
STATE	13758 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19/91

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	a edmission)
•.county Baltimore	MARYLAND	a. STATE Md. Baltimore	
	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside corporate limits, write RURAL and give naarast	lown)
write RURAL and give nearest town?		Middle River	91
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	tal diva street eddress)		RESIDENCE
Box 107, Gladway Road,		B 107 01 - 3 Dd 01000 0	NA FARM?
3. NAME OF First	Middla		ear
(Type or print)  AUGUST			9 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8		DER 24 HRS.
male white WIDOWED	DIVORCED 2	4/18/1902 G4 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIN	D OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHA	T COUNTRY?
dona during most of working life, even if ratired) Supervisor Amer	rican Brewer	ry Austria, Hungary U.S.A.	
13. FATHER'S NAME	rican brewer	14. MOTHER'S MAIDEN NAME	
Frank Hacker		Eva Hloupha	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	OCIAL SECURITY NO. 17.	INFORMANT Address	FLATE
(Yas, no, or unkown) (Ifyesgiva war or dales of sarvica)	He	enrietta Suhanek Hacker, wife, a	bove
1 18. CAUSE OF DEATH [Enter only one cause par lin.	and the second s	INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:	okonsy	Occlusion ONSET AS	DEATH
420/ DUE TO	Dedi	1-Disease	_
Conditions, if any, which (b)	17-3-6-1	Disense	
gave rise to immadiate cause			
(a), steting the underlying cause lest.			
The state of the s	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA	S AUTOPSY
OF CONTRACTOR OF		YES T	FORMED?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTINUES CONTINUE	E HOW INJOK! OCCORED!	the state of the s	
20c. TIME OF INJURY Month, Day, Year 2Dd. IN While Hour e.m. 19 et work		ACE OF INJURY (Homa, farm, 20f. (City or town) (County)	(Steta)
p.m. 19 et work	at work		
	ins described above, he	eld an Autopsy . Inspection . Inquiry . and in my	opinion
death resulted from: Natural causes V.		cide , Homicide , Undetermined manner	
om a	_	CHIEF MEDICAL EXAMINER	
ACTUAL (1)	2	ASSISTANT MEDICAL EXAMINER	RIGEIPO
SIGNATURE	VI	M.D/0// 1	1/61
examiner's Dr. Melvin B.	Davis	Charles sinds Alban Assault In - 22-	~
AZO, DOMINIE, OMENINITORI,	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country)	State)
REMOVAL (Specify) Burial 10/6/66	Bohemian Na	tional Cem Baltimore, Md.	
23. FUNERAL DIRECTOR	ADDRESS	248. REC'D BY REGISTRAR J 246. REGISTRADYS SIGNATURE	100
Schimunek Funeral Home		OCT 17 1966 yourses you	age.
2601 E. Madison St.		DATE OUT 1. 1000 //	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13759 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2, and 3 to PM3. Page o. COUNTY a. STATE b COHNTY 0 after death. Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 42 yrs. Baltimore-rural Baltimore -rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Give Poges Reisterstown Rd. Pikesville YES | NO A Reisterstown Rd. Pikesville hours ofter deoth. Office along with 3. NAME OF First 4 DATE Manth 5 Day Year within 72 DECEASED 10 (Type or print) Henery Hahn DEATH 10 66 Irvin with S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Manths Days Haurs 8.1337 white WIDOWED K DIVORCED event male May ond 2 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired INDUSTRY COUNTRY? pages in any Baltimore. Md. d 'pending' in pencil in Chief Medical Exominer's Hahn Co. drvin within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME plie Clara M. Cook Joseph H. be executed IS WAS DECEASED EVER IN IT'S ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 8 .Md . (Yes, na, ar unknown) (If yes give war ar dates of service 링 Mr. I.H. Ferd Hahn, 6 Clarendon Ave. Pikes None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cyanide poisoning 5 IMMEDIATE CAUSE (a) This certificate should e, writing the word forworded to the Ch used os a burial-tr buriol, cremation, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificote, NO designated agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should pluods PRIMARY X ar CONTRIBUTING ingested cyanide CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, office bldg., etc.) While Nat While FUNERAL DIRECTOR: Poge at wark at wark p.m. 10 10 19 66 home Balto,-rural Balto. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my apinian Natural causes Accident . death resulted fram: Suicide 🔀 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 10/11/66 DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type) Werner U. Spitz, M.D. Address (Street, city, tawn, ar caunty) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 0 October 14.1466 Druid Ridge Cemetery Pikesville 8, Md. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15ME (5) Charley 1896 6M 1/66

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY y is necessary, I director. Page or your files. e. STATE b. COUNTY BALTIMORE MARYLAND 21222 b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) L6YRS. DUNDALK DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State ADMIRAL BLVD ADMIRAL YES NO T death. 3. NAME OF First Middle 4. DATE Month DECEASED OF the (Type or print) DEATH HELENA OCTOBER HAINES 1966 YOUNDER with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR 9. IF UNDER 24 FIRS. 2 wiff last birthday) Months Devs Hours DIVORCED WIDOWED Y 86 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 done during most of working life, even if retired) MARYLAND HOUSEWIFE USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YOUNKER MARY ELLA KNIGHT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) | (Ifyesgive wer or dates of service pencil in Item 216-46-6392 MRS.M. EVELYN per 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY C-V- DISEASE pue IMMEDIATE CAUSE (e) Office removal burial Conditions, if eny, which geve rise to Immediate cause 10 "pending" DUE TO (a), sleting the underlying 35 Examiner 0 nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 9 PERFORMED? YES NO plnods Medi 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. burial writing to Chief A Page 3 sl MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Dev. Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour e.m. While et work et work 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion certifi DIRECT( death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execu-should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 6800 NAME (Type) U NASALAS ISTRUMENTO OF C 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (Clty, lown, or country) REMOVAL (Specify) 940 g 0 REGISTRAR'S SIGNATURE VS. A15ME 1966 5M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND BALTIMORE the MARYLANO by the c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours hours = FORT HOWARD DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled 72 ON A FARM? within YES NO. VETERANS ADMINISTRATION HOSPITAL 117 CARVER ROAD etely 3. NAME OF Middle Last 4. DATE Month Year First DECEASED event, CHARLTE OWENS DEATH .OCTOBER 22 19 66 comple HANCOCK (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED K NEVER MARRIED last birthday) | Months | Oays Hours 1 any 68 and JULY 18. MALE NEGRO 1898 WIDOWED OIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR physician on please r = INDUSTRY COUNTRY? and LABORER STEEL MILL CAMEL COUNTY. VIRGINIA U.S.A certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal attending parmit. Then PETER HANCOCK MARY EVANS 17. INFDRMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. by the attendance in the permit. (Yes, no, or unkown) (If yes give war or dates of service) YES WW-] CLIN. REC., VAH, FT. HOWARD, MARYLAND INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH n signed by burial-transit PART I. DEATH WAS CAUSED BY: THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY PHYSICIAN: The law requires that the hospital or attending physician. RECENT IMMEDIATE CAUSE (a) 5 burial, DUE TD RECENT Conditions, If any, which HYPERTENSIVE CARDIOVALCULAR DISEASE been gave rise to immediate the r DUE TO stating the certificate has be ched for use as the pt. of Health prior t underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. PERFORMED? ND X YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for Dept. of F (State) MEDICAL 2Df. (City or town) (County) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, FUNERAL DIRECTOR: After this director, page 3 should be deta factory, street, office bldg., etc.) Hour a.m. Not While While ATTENDING p.m. at work at work 19 66, to Oct. 21. I certify that ( (this hospital) attended the deceased from Oct. 19\_66, that NO (we) last 19 66 P .M. from the causes and on the date stated above. Oct. 22, and that death occurred at saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 10 22 66 M.O. DIRECTOR ADDRESS 22d. PHYSICIAN'S 22C. director, p NAME (Type) Ft. Howard, Maryland ADATEPE. (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 2 10-26-66 BALTIMORE NATIONAL CEMETERY BALTIMORE BURIAL 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AMBESton & Dvett 1701 Laurens St. 1966 VR A15 (4) 15M 4-64 Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Ξ Owings Mills Baltimore months filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS S t que ils RESIDENCE ON A FARM? within Rosewood State Hospital NO TO within etelv completely ve carbon NAME OF Last Month Day Middle Year DECEASED 19 66 10 6 (Type or print) DEATH HANKOFSKY Israel executed 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and cor DATE OF BIRTH NEVER MARRIED WIDOWED AURIUM DIVORCED [ Male White 10a. USUAL OCCUPATION (Give kind of work done ) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY COUNTRY? attending physic ermit. Then plea in. or removal, an U.S.A. Dependenty Baltimore. Maryland none law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Hankosky Sarah Misethkim 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ned by the attend I-transit permit. II, cremation, or r 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes. no, or unkown) | (If yes give war or dates of service) Rosewood Records, Owings Mills, Maryland none INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed lurial-tra s been s, the burian burial, DUE TO Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES T NO T PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING t. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m retained A D should ith the 21. I certify that (I) (this hospital) attended the deceased from 1966. to UC 19 66 that HY (we) last 3 should with the and that death occurred at 5:20 AM, from the causes and on the date stated above. saw the deceased alive on: 22b. DATE SIGNED 22a. SIGNATURE e 8 ATTENDING PHYS. STAFF PHYS. page DIRECTOR 10-6-66 60 M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) Zsolt Koppanyi, M.D. Rosewood St. Hosp., Owings Mills, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) MILLS. MARYLAND ROSEWOOD TRAINING SCHOOL 10/7/66 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR & BROS. INC. . 6010 REISTERSTOWN VR AI5 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 3763 death. requires that the death certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and notion, or removal, and in any event, within 72 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COLINTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest\_town) 38vr2mthldys Baltimore Catonsville ove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10 STATE HOSPITAL UNKNOWN SPRING GRO VE NO [ YFS 🗌 3. NAME OF First Middle Month Lost 4. DATE Dov Year DECEASED OF October 11 19 66 Christian Hansen DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In veors 7. MARRIED NEVER MARRIED Riest birthdoy) Months Hours Dovs June 15, 1884 white DIVORCED male WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Copenhagen, Denmark 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknown unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) 219-54-3150 Records: GROVE STATE HOSPITAL SPRING unknown cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (o) signed by 1443 X DUE TO burial Conditions, if ony, which gove Hypertensive cardiovascular disease on an rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been use as the lost. arteriosclerotic basis 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) of Health NO X for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work 19\_20 to Oct. 11 1900 , that # (we) last Aug. 21. I certify that ? (this haspital) attended the deceased fram. 3 should Oct. 11 1966, and that death accurred at 7:12M, fram causes and an the date stated above. saw the deceased alive an\_ a. 22b. DATE SIGNED 22o. SIGNATURE Secela X 10-11-66 M.D. DIRECTOR director, page 3 should be filed v G ROVE STATE HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 Stella Wachsler, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) Anatomy Board 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frank H. Newell, Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3764 CV death requires that the death certificate be executed within 24 haurs after death and the attending physician and campletely filled in by the funeral sit permit. Then please reprove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND carban papers. Pages 1 11, within 72 hours after BALTIMORE MARYLAND b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SHADY NOOK NURSING HOME 1024 WICKLOW ROAD YES NOXX 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED **JAMES** MONROE HAYES OCTOBER 19 66 DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Haurs WHITE February 2, 189 MALE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES M. MARTHA COX XHXMKXXMXXKXXKX HAYES 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dates af service) 218-36-8026 MRS. ELIZABETH HAYES, 1024 WICKLOW STREET crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Central arteres oderous DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 shauld be detache I with the State Dept. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, office bldg., etc.) Nat While 19 at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hespital) attended the deceased fram. 1966, that (1) (we) last directar, page 3 shauld shauld be filed with the , and that death occurred at M, from couses and on the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS LESTER A. WALL, JR. 1039 ST. PAUL STREET NAME (Type) 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) REMOVAL (RELA) MARYLAND BALTIMORE, 10-7-66 LORRAINE PARK CEMETERY ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4): 20 M 1/66 DATEO C HOWARD H. HUBBARD, 4107 WILKESS AVENUE 21229

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) delay i. n COUNTY a. STATE b. COUNTY of BALTO BALTO MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) PM3. EARS BALTE BALTO d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 8724 PHILA Give Poges YES NO L NAME OF Middle DATE Manth Doy Year DECEASED OF 10 (Type or print) olong DEATH 19 66 SEX IF UNDER 1 YEAR 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. last birthday) Months Doys Hours AUG 27 hours WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most af working life, even if retired) **INDUSTRY** COUNTRY? ony BALTO FIRE DEPT MO 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil = TOSEPIF File and MARGARET SCHATZCHNEIDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT This certificate should be executed the Chief Medical permit. (Yes, no, ar unknawn) (If yes give war ar dates of service removal, DOROTHY 217-16-4850 18. CAUSE OF DEATH (Enter only one cause per lipe INTERVAL BETWEEN or (a)  $\Lambda$  (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) the word cremation, DUE TO Canditions, if any, which gave forwarded to rise to immediate cause (a), DUE TO stoting the underlying cause 0 05 used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 9 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) ogent, prior 3 should PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. 20c. TIME OF INJURY, Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Hour a.m. factory, street-office bldg., etc.) FUNERAL DIRECTOR: Poge at wark at work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection 1 Inquiry [ ond in my opinian Natural causes Accident . Suicide \_\_\_\_\_\_\_ death resulted fram: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, town, or county) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify)
BURIA 2100 LUTHERAN BALTO ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 300 6M 1/66

E		13766 CERTIFICATE	OF DEATH 137	69
gea )	1.	PLACE OF DEATH a. COUNTY	<ol> <li>USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE</li> <li>D. COUNTY</li> </ol>	sidence before admission)
		Baltimore MARYLAND	C. CITY OR TOWN IT outside corporate limits, white RURAL	and also nearest town)
	10	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	New York	and give nearest town)
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
				ON A FARM?
0	3,	Dulaney Towson Nursing Home	4 E. 70th Street Last   4. DATE Month	YES NO Day Year
		DECEASED (Type or print)  DAVID  S.	HERSTEIN October 8	19 66
	5.	7. MARKIED A HEVER MARKIED	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 last birthday)   Months	Days Hours   Min.
			lay 2/1890 76 yrs.	
	10a dur	ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT UNTRY?
		Millinery Retired	New York City	usa
	13.		14. MÖTHER'S MAIDEN NAME	
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	(Ye	a ma au sunianum\   (16 saa mina suum au dafaa af aassira)	NFORMANT Address	Annua
			Irvin Applefeld-3641 Glengyle	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	151	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive New	art tailing	
		443X DUE TO Cerebral Vascul	an accident,	
		gave rise to immediate (b) Continuous (b)	ic curb.	
		cause (a), stating the DUE TO Gen, General	thisis.	
	N	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
1	ATI			PERFORMED? YES NO D
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING IT   20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of Item 18.)	1 1
	CERT	20a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE	OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
	MEDICAL	Hour a.m. While Not While factory,	, street, office bldg., etc.)	
	Σ		31 1966 to 0 8 1960	6, that (I) (we) last
		21. I certify that (I) (this hospital) attended the deceased from 7 saw the deceased alive on 9 19 6, and that d	death occurred at 9, 30 M, from the causes and on the	ne date stated above
		22a. SIGNATURE	22b. DA	ATE SIGNED
		fulla & Celupin mo	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	19/66
	1	22c. PHYSICIAN'S	22d. ADDRESS	1
1		NAME (Type) Willard Applefeld	5501 Park Heights	Avenue
	238	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O REMOVAL (Specify) Oct 9/66 Mt. Pleasant. W	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
		Removal Oct 9/66 Mt. Pleasant. W	Vettchester White Plains, N.	V
	24	FUNERAL DIRECTOR ADDRESS 6010	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	11	12 / Variable a / Thankler Koiston	eterry DATE OCT 13 1966 Iclian	ly judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13767 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carbon popers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY BALITIMORE MARYIAND MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 15 DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 event, within 72 2607 HARWOOD ROAD VETERANS ADMINISTRATION HOSPITAL NO K NAME OF First Middle Last 4. DATE Manth Year DECEASED HESS SR 19 66 ROY FRANKLIN OCTOBER (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Haurs OCTOBER 24, 1922 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) OUNTRY? WARRFORDSBURG, PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN HESS IDA MARKIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 188 12 39 83 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH UNKNOWN burial-tronsit IMMEDIATE CAUSE (a) CIRRHOSTS OF LIVER Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause **DIRECTOR:** After this certificate hos been for use os the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health p NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram 9/28/00 . 19 saw the deceased alive an 10/13/66 19 and that death accurred aft: OOA M, from couses and on the dote stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 10/13/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL VAH FORT HOWARD, MARYLAND NAME (Type) JOHN D. TALBERT, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
BURIAL Ballimoree Md 10-17-66 0 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13768 The law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Prince George's Marvland MARYLAND ve carban papers. Pages I event, within 72 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN th b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) District Heights, Maryland Catons ville davs d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STATE 7810 Kipling Pkwy. SPRING GROVE HOSPITAL YES NO X 3 NAME OF First Middle 4. DATE Month Doy Year October 7,1966 DECEASED H. Clarence Higgins 19 DEATH (Type or print) . AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs and in any WIDOWED DIVORCED white May 21, 1876 male 90 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland
14. MOTHER'S MAIDEN NAME unknown 13. FATHER'S NAME crematian, ar remaval, the attending phys Mary C Fisher Higgins George W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendil burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service)
unknown 212-12-5812 Records: STATE SPRING GROVE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. factory, street, office bldg., etc.) Not While 19 at work pe 21. I certify that \*(1) (this haspital) attended the deceased fram\_saw the deceased glive an Oct. 1, 1966, and the , 19 66 , to OC+ 1, 1966, that (I) (we) last Oct. 5 pluods saw the deceased alive an and that death accurred at 11.30 P.M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR M.D. PHYS GRO VE 22d. ADDRESS SPRING STATE HOSPINAT Page 4 may t 22c. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 directar, shauld be 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, Montg. Gaithersburg BEMOYAL (Specify) 10/11/66 Forest Oak 2Sb. REGISTRAR'S SIGNATURE 1300 RESS Rockville Pike REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1866 Tyson Wheeler Funeral Home Rockville. Md. DATE 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral affer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY b. COUNTY 24 hours by the and 2 death. Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) filled in Pages 1 13 vrs. Baltimore within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospice, Towson, Md. 413 Homeland Ave. YES NO I papers. n 72 hou completely 3. NAME OF Middle 4. DATE Month DECEASED OF within (Type or print) DEATH 1966 10 John Hoecke. 10 carbon 5. SEX 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED K NEVER MARRIED pue last birthdey) Months 10/1883 Male White WIDOWED DIVORCED physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired in any Salesman Baltimore, Maryland U.S.A. Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the hospital or attending physician. and Barbara Baritz Frank Hoeckel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) | (Ifyesgive werordetes of service) Stella Maris Hospice Towson, Maryland 21204 unknown permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, certificate has been signe r use as the burial-transit DUE TO 5 days geve rise to immediate cause DUE TO the bur burial, (a), steting the underlying PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION as o PERFORMED? NO T prior 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH may be retained by the DIRECTOR: After this should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While ŏ et work et work to October 21. I certify that (I) (this hospital) attended the deceased from.......July 1966 ... and that death occurred at 12NM, from the causes and on the date stated above Oct. saw the deceased alive on. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED TO HOSPITAL
death. Page 4
TO FUNERAL PHYS. DIRECTOR X PHYS. M.D. page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 204 E. Joppa Road, Towson, Md. TO FUNE director, p Robert J. Mahon, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Baltimore, Maryland New Cathedral Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) Wm. Cook-Brooks Towson 1050 York Rd. 21204 20M 5-63

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after death	by the funeral Pages 1 and 2 urs after death	1.		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission a. STATE b. COUNTY  Md. Ba.ltim.cre
24 hours after	stely filled in by bon papers. Pag within 72 hours	-	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street eddress	Catonsville  d. STREET ADDRESS  e. IS RESIDENC ON A FARM?
executed within	carl int,	3.	DECEASED (Type or print) Lilliam Hoe	916 Bardswell Rd.   YES   NO
	and any	10	THE WIND WINDWED A DIVORCED DO DO USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	1-23-02   State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
death certificate be	Then personal		Inspector   Crown Luggage 3. FATHER'S NAME Late-Christian H. Engel	Maryland USA  14. MDTHER'S MAIDEN NAME  Late-Elizabeth Weber
	he atter permit. tion, or		5. WAS DECEASED EVER IN U.S. ARMED FDRCES? (16. SDCIAL SECURITY NO. 17. (17. no., or unknown) (17. sgive war or dates of service) (216-03-4116)  18. CAUSE OF DEATH [Enter only one cause_per line for (a), (b)_and (c),]	Mrs. Sylvena Snader 916 Bardswell Rd 28
law requires that the	been signed by the at the burial-transit per rr to burial, cremation,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Condeo. Responsible Conditions, If any, which gave rise to immediate cause (a), stating the  DUE TO  DUE TO  DUE TO  DUE TO	ary failur ONSET AND DEATH
The	r us	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO COURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.)
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ATTENDING	CTOR: After should be ith the State	M	21. I certify that (I) (this hospital) attended the deceased from	MACA, 1960, to 3 Oct, 1966, that (I) (we) la at death occurred at 5 0 M, from the causes and on the date stated abov
S ad	ge 3		Martha 1 1 Marian	D. ATTENDING MED. STAFF DIRECTOR PHYS. D
TO HOSPITAL	TO FUNERA director, should be		Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) Burial 10-17-66 Woodlawn C	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	A15 (4) M 4-64		Witzke F.D4101 Edmondson Ave.	DATE OCT 17 1966 Jelianles Judge

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1		MARYLAND STATE DEPARTMENT OF HEALTH  A PINISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVI AND
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hot in hot 72 hot		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give speet address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
y fill pap thin 7	(	SKEATER BALTO, MEDICAL CENTER 12 Sherwood aw.	YES NO D
HYSICIAM: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by the flatched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	3.	NAME DE LEGASED HOFF MAN DALLEL MYER C DEATH 10/18	Day Year 1966
com com	5.	SEX   6. CULOR OR RACE   7. MARGIED   NEVER MARGIED   18. DATE DE BIRTH   19. AGE (In years   FINDER)	YEAR IF UNDER 24 HRS.
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eath certific attending r ermit. Then		DANIEL M. HOFFMAN, 5R. NELLIE M. HOFFM	18-11
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R AT e ret 3 st with		22a. SIGNATURE 22b. DA	TE SIGNED
AL OR ay be L DIRE L DIRE	-	ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. 1  22c. PHYSICIAN'S 0 122d. ADDRESS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RE MED
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat		NAME (Type) RAM K. CHHILLAR CENTER, BALTIMORE,	MD.
Page Page for FU direct shou	23	a. BURIAL, CREMATION, 286 DATE THEREOF 230 NAME OF CEMETERY OR CHEMATORY 234 EDICATION (City, town or coursemoval (Specify)	OV7 (State)
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	4 E24	1	Dr. Post. CERTIFICATE OF DEATH 13775	
	funeral and 2 r death.		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a. STATE b. COUNTY	ission)
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	i i		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESID	FNCE
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	executed within and completely remove carbon pringle any event, within		DECEASED (Type or print) MARY EDITH HOFFMAN DEATH Oct. 3rd. 196	6
	com	ľ	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 2	4 HRS
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	de:		1.18 CALISE DE DEATH (Enter only one cause per line for (a) (b) and (c) ]	VEEN
	the by ansit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  SEMENTIAL CAUSE ONSET AND DE	ATH
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	ICIAN lospit certi hed in		20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)   Concontributing   Cause of Death (If Either, Notify Medical Examiner)	
	ING PHYSICIAN: The law requires that de by the hospital or attending physician After this certificate has been signed I be detached for use as the burial-traistate Dept. of Health prior to burial, cr.		G 200 Time of Moonth, Bull 100 Time of the bldg atc.)	ate)
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	0 0		21. I certify that (I) (this hospital) attended the deceased from 100, 190, to 00, 1966, that (I) (we	
	retai retai		saw the deceased alive on 19.66, and that death occurred at 1.46 M, from the causes and on the date stated a 22a. SIGNATURE 22b. DAYE SIGNED	bove
	DIRE 3		Laurence ( M.D. Phys. Director D. Staff Director	
	TAL May AL Dage		22c. PHYSICIAN'S A 12d. ADDRESS , A 1 1 of .	h
	Page 4 may be retained of FUNERAL DIRECTOR: director, page 3 should be filed with the	H	NAME (Type) LAURENCE C. POST 6805 york Kd - Dallymore 21212	1/30
	Page Page O FU direct	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	te)
	FF	K	Burial 10/6/66 Loudon Park Balto.  24. FUNERAL DIRECTOR ADDRESS   253. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	VR AI5 (4)	0	MITCHELL-WIEDEFELD HOME, Inc. DATE OCT 6 1966 Acharles Just	Las
	20M 1/65	,	6500 York Rd. 21212	0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived/ If institution: Residence before admission) . COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CATY OR TOWAY (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) maro d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO T NAME OF Middle. DATE Year DECEASED (Type or print) DEATH 19 6. COLOROR RACE 7. MARRIED NEVER MARRIED PO AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BLREHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most af working life, even if retired) ATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ALLOWED 17-07-3966 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a). ANCREAS. ARCINDMA **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** coese (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (State) (County) factory, street, affice bldg., etc.) While Hour a. m. Not while at work at work OCT. 16 21. I certify that I attended the deceased from.\_\_\_\_\_\_, 1960, to , 1965, that I last saw the deceased , and that death occurred at ID-PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 5317 Belair Road SIGNATURE PHYSICIAN'S Baltimore, Maryland 21206 Emmett P. Davis, M.D. NAME (Type) 22b. DATE THEREOF 22a. BURIAL, GREMATION 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH campletely filled in by the funeral nave carban papers. Pages 1 and 11 event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) law requires that the death certificate be executed within 24 haurs after dea o. COUNTY Baltimore a. STATE Maryland b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holly Hill Manor-531 Stevenson La 4000 N. Charles St. YES NOX 3. NAME OF Middle 4. DATE First Manth Last Day Year DECEASED Arthur Franklin Holston, Sr. 10 13 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED X DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Manths birthday) Days 11/7/90 White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) please physician in INDUSTRY COUNTRY? Retired le Contractor Maryland
14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME or remaval, Charles C. Holston Minnie Skipper signed by the attending burial-transit permit. Th 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service) 212-03-0859 Sara A. Holston-4000 N. Charles St. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise ta immediate cause (o). DUF TO stating the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO this certificate ā 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur o.m. Nat While factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After at wark 13 . 19/2/2 that (1) (acce) last 21. I certify that (1) (this hospital) attended the deceased fram. be retained saw the deceased alive an\_ 19 66 and that death accurred at F. M. fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF M.D. 0/14/66 PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME(Type) Norman R. Freeman, Jr. 11 W. 29th St. directar, shauld 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify)
Burial Baltimore, Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 10/17/66 Balto. Nat'l Cem. RODERT DIRECTOR 2So. REC'D BY REGISTRAR Altenburg-6009 Harford Rd. VR A15 (4) 1966 Marle 20 M 1/66 DATE Home, Inc.

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ed in by the funeral ers. Pages 1 and 2 2 hours after death.	1. PLACE OF DEATH  a. COUNTY  MENOR NUISING HONELAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE  Maryland  D. COUNTY	sidence before admission)
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	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3669 Forlate f	SALIS RESIDENCE
90	Mulford Manor Hursing Home Market King King King King King King King King	YES NO X
	3. NAME OF DECEASED (Type or print) Eloie K. Middle Howard DF DEATH	0ay Year 5 1966
	Female   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1   Months   DECEMBER 1   1   Months   DECEMBER 2   MONTHS   DECEMBER	YEAR IF UNDER 24 HRS Days Hours Min.
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	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	457
	TOSEPH KAFKA  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   18. SOCIAL SECURITY NO.   18. SOCIAL	
	(Yes, no, or unkown) (If yes give war or dates of service) 124 432 MR. JOSEPH FAV, 3669 FOREST HILL	ROAD #7
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCESTIVE FAILURE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which ) OLD MYOCARDIAL INFARCTIONS	10 YEARS
	gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  OUE TO  CARDIO VASCULAR DISEASE	= ZOYRS
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
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	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  While at work at work at work at work at work	ty) (State)
		that (1) (we) last
	Stanley Friedler M.O. PHYS. MEO. STAFF N 101	SIGNED 5
1	22c. PHYSICIAN'S NAME (Type) STANLEY FRIEDLER 22d. ADORESS 4204 MILFORD MILL RO	Mo.
/	23a. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  10/9/66  123c. NAME OF CEMETERY OR CREMATORY  BURIAL  10/9/66  HEBREW FRIENDSHIP  BALTIMORE, MAR	
0	24. FUNERAL DIRECTOR ADORESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	
0	SOL LEVINSON & BROS. INC., 600 REISTERSTOWN ROAD OCT 10 1966 Pela	wa. O.
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hours after death	he funeral of and 2 terdeath.	1.	PLACE OF DEATH a. COUNTY Baltmore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission b. COUNTY b. COUNTY
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	letely filled rbon paper , within 72	21	Peater Daltimbre Medical Center 1500 Manhattan Av. Yes Notes
d with	complet ve carbo event, w		OECEASED (Type or print) Helen Hatt Hudson DEATH October 11- 1966
executed within	and co remove any ev	5. F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last hirthday) Months Days Hours Min.
be ex		10a dur	USUAL OCCUPATION (Give kind of work done INDUSTRY)  12. CITIZEN OF WHAT COUNTRY?  11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
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Conti	attending of ermit. Then in, or remova	15.	WILLIAM Hall Elizabeth ? WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
eath	ermit. on, or	(Ye	s, no, or unkown) (If yes give war or dates of service) 218-54-400 Mrs. Katharine Steinwedel same address
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PHYSICIA the hospi	s cer ached apt. o		20a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)
OR ATTENDING PHYSICIAN: The be retained by the hospital or	TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4
ENDI	ould the S		21. I certify that (I) (this hospital) attended the deceased from 10-6, 1966, to 10-11, 1966, that (I) (we) las saw the deceased alive on 10-11-1966, and that death occurred at 3.00 PM, from the causes and on the date stated above
R ATT	RECT 3 sh 4 with		22a. SIGNATURE 22b. DATE SIGNED
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19_	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	(LAND
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funeral and 2 r death.	PLACE DF DEATH     a. COUNTY     a. STATE     b. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residem a. STATE b. COUNTY	ce before admission)
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please remove carbon papers. Pag and in any event, within 72 hours	Towson 4. Was Towson	0.3 /
72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
70	ulaney-Towson Nursing Home 111 West Rd. 805 W. Joppa Rd. Towson, Md.	YES NO X
	3. NAME OF First Middle Last 4. DATE Month Da OF	
	(Type or print) Lola C. Hurst DEATH Oct. 8	19 66
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years list birthday)   Months   Days	
	Female White WIDOWED DIVORCED July 13, 1884 82 yrs.	N OF WILLIAM
	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEI	RY?
1	Mathews Col. Va. U.S.	.A.
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	William Williams Flizabeth Pickett  15 WAS DECEMBED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INFORMANT Address	11-1-1
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	No 217-48-8645 Mr. Robert Pittman 805 W. Joppa Rd	
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N	underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   15	. WAS AUTOPSY
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		(State)
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	p.m. 19   at work   at work   21. I certify that (I) (this hospital) attended the deceased from Acqs . F , 1966, to Ocs . F , 1966,	that (I) (we) last
	saw the deceased alive on Ocr. 6 1966, and that death occurred at M, from the causes and on the d	
	22a. SIGNATURE 22b. DATE	SIGNED
	Christian D. Cepter M.D. ATTENDING MED. STAFF PHYS.	
	22c. PHYSICIAN'S NAME (Type)	
1	Dr. Christian Righter 1001 St. Paul St.	
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
	Burlai 10-11-66 Gwynn Cemetery Gwynn Island VII	ginia
	OCT 1 4 10CC OCL -	
	Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE 001 14 1906 guard	& Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. COUNTY after MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write FURAL and give nearest town) à ount Wilson hours Mount .⊑ papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mount Wilson State Hospital NO X YES within event, with completely carbon 3. NAME OF DATE Month Middle Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. CDLDR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED 7 NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS remove last/birthday) Months Days Hours any and WIDDWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ermit. Then please row, or removal, and in 1Db. KIND DF BUSINESS OR an pe during most of working life, even if retired) INDUSTRY. COUNTRY certificate 13. FATHER'S NAME MOTHER 15. WAS DECEASED EVER INV.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) death Records, Mt. Wilson State Hospital cremation, 200 the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the -transit DNSET AND DEATH þ PART I. DEATH WAS CAUSED BY: attending physician. lleus, paralytic, due to remote infection. IMMEDIATE CAUSE (a) signed burial-to burial, DUE TO Conditions, If any, which (b) peen rise to immediate the r DUE TO (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate pulmonary tuberculosis, active. Minimal YES ND X hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of ached DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. fter Not While ATTENDING at work at work K retained 19 66, to Oct. P 10 19 00, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. Oct DIRECTOR: 19.66, and that death occurred a : 20 from the causes and on the date stated above. saw the deceased alive on Oct. 10 SIGNATURE 22b. DATE SIGNED page ATTENDING M.D. DIRECTOR PHYS. PHYS. 4 may HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL should be NAME (Type) director, Newcomer M.D., Superintendent Mount Wilson. Maryland BURIAL GREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City. (State) 0 REMOVAL (Specify) 2 FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. 25a. REC'D BY REGISTRAR VR A15 (4) DATE 20M 1/65

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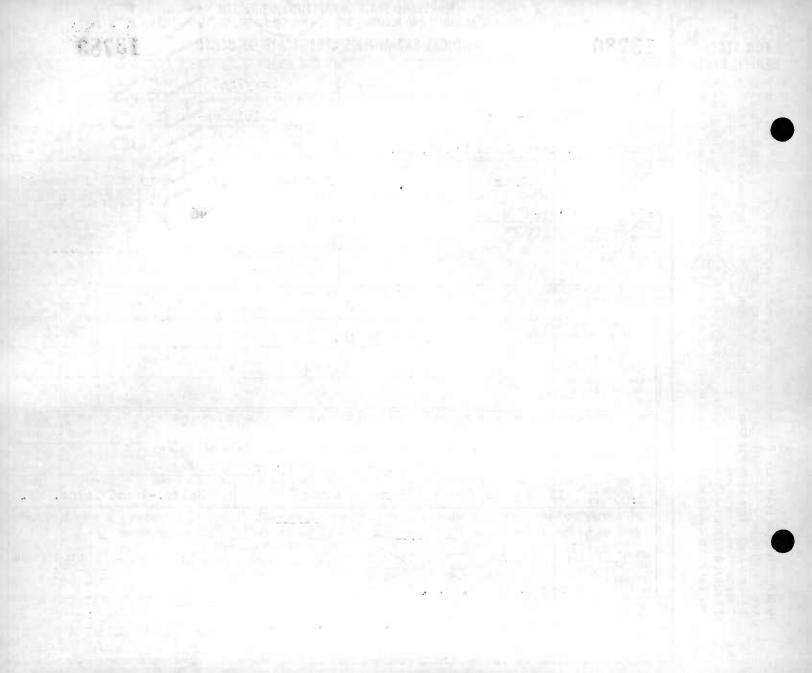
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13779 CERTIFICATE OF DEATH and 2 death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death signed by the attending-physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar remavol, and in any event, within 72 haurs after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write-RURAL and give nearest town) OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Year DECEASED VERNON JACKSON 10 (Type or print) DEATH 19 60 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Manths Days Haurs -1910 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? 1.5.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EWART WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address que an (Yes, na, or unknown) (If yes give wor or dotes of service) K50 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? USe NO YES far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased fram. , 1966, ta \_, 19 6 6 that (I) (we) last 66 shauld and that death occurred at saw the deceased alive on M. from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (County) (City or Town) (State) REMOVAL (Specify) CIA 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 DATE ORTON J

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	230	BURIAL, CREMATID REMOVAL (Specify)	N, 23b. DATE TH	EREDF	23c.	NAME OF CEME		CREMATORY	23d. LDCATIO	ON (City or To		County)	(State)
1	24	Burial'	R 110-11	-66		ADDRESS	Nat	25a. REC'	Balti D BY REGISTRAR	2Sb. RE	GISTRAR'S SIG	SNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death. the attending physical and campletely filled in by the funeral sit permit. Then please lemave carbon papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE Baltimore Maryland b. COUNTY MARYLAND oon papers. Pages 1 within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural - Rosedale c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, Rural-Rosedale 10 years IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

938 (hesaco Avenue d. STREET ADDRESS

938 (hesaco Avenue NO YFS 3. NAME OF Middle 4. DATE OF Lucy V. First Johnson Lost October 12. Year DECEASED 66 19 (Type or print) DEATH AGE (In years log birthdoy) S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Doys Hours Feb. White X WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRSA Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Porter Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, po, or unknown) (If yes give wor or dotes of service) John Anthony 839 (hesaco Avenue INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO attending stoting the underlying couse as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGN IN TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO by the haspital or far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 5 detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After ottended the deceased from 21. | certify that (1) (this(hospital) Page 4 may be retained 1966 and that death occurred at M, from couses and on the date stated above sow the deceased olive on 220. SIGNATUR 22b. DATE SIGNED director, page DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) BEMOVAL (Specify) Ch Zion. Luth. Maruland 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR FUNERAL DIRECTOR Marles VR A15 (4) 20 M 1/66 1966

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a: COUNTY b. CDUNTY MARYLAND b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by to ove carbon papers. Page vevent, within 72 hours a write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? 0. No X YES executed within 3. NAME DE First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH - 19 66 50 10 and con remove 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 7. MARRIED NEVER MARRIEO (ast birthday) Months any **Oavs** Hours WIDOWED | OIVORCED X physician an please ru = 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY: COUNTRY alteren Leveric attending physical ermit. Then ple on, or removal, a FATHER'S NAME MOPHER'S MAIDEN NAME unils 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address as been signed by the atten as the burial-transit permit. prior to burial, cramation, or (Yes, no, or unkown) (If yes give war or dates of service) PHYSICIAN: The law requires that the death 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to Immediate **OUE TO** cause (a), stating underlying cause last. has (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate NO [ YES T this cerum detached fo 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, (State) 20f. (City or town) (County) After the de de State I factory, street, office bldg., etc.) Hour a.m. Not While While D HOSPITAL OR ATTENDING Page 4 may be retained by p.m 19 at work at work 0 3 should with the 0-23-, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 TO FUNERAL DIRECTOR: and that death occurred at A.M. from the causes and on the date stated above. 1966 saw the deceased alive on 22a. SICNATURE 22b. OATE SIGNED director, page should be filed w **ATTENOING** STAFF MED DIRECTOR M.O. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION, REMOVAL (SPECIFY) LDCATION (City, town or county) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. wria FUNERAL DIRECTOR AODRESS 25a. REO D BY REGISTRAR 25b. REGISTRAR'S SICNATURE Loring Byers-8728 Liberty Rd. Randallstown, Md.DATE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYLAND MARYLAND van papers. Pages 1 within 72 hours after CLENGTH OF STAY IN 1h b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD, 17 DAYS BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 1326 W. LAFAYETTE AVENUE NO [ 3. NAME OF Middle First lost DATE Month please remave carban Year physician and campletely DECEASED FRANKLIN JOHNSTON EARI. 66 (Type or print) DEATH OCTOBER 19 certificate be executed IF UNDER 24 HRS S SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdov) Months Dovs Hours and in any WIDOWED DIVORCED MALE NEGRO FEBRUARY 27. 1914 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY CHARLOTTE, N.C. LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes give star or dotes of service) death 17. INFORMANT VA HOSPETAL 16. SOCIAL SECURITY NO. permit. ar 239 20 97 08 FORT HOWARD, MARYLAND CLINICAL RECORDS crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSEA WAS DEATH PART I. DEATH WAS CAUSED BY: THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY IMMEDIATE CAUSE (o) attending physician. DUE TO burial Conditions, if onv. which gove (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE YEARS rise to immediate couse (a), DUE TO stoting the underlying couse has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K ARTERIOSCIEROTIC HEART DISEASE this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ 4 may be retained by the haspital OR CONTRIBUTING 

CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While of work 19 00 to OCT 21 OCT 4, 21. I certify that (1) (this hospital) ottended the deceased from 19 66 that (1) shauld sow the deceased alive on OCT 21 19 66, and that death occurred at 1035PM, fram causes and on the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 10-22-66 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR directar, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MUSTAFA H. ADATEPE, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) KANNAPOLIS, N.C. LISBURY NATIONAL CEMETERY REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death. gest and after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Baltimore o. COUNTY Baltimore o. STATE Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Towson Baltimore 21204 the attending physician and campletely filled in by sist permit. Then please remove carbon papers. Partially or remayal, and from sevent, within 72 haurs e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 405 E. Joppa Road St. Joseph Hospital NO Z DATE Middle 3. NAME OF First Month Dov Year DECEASED Kablis October 10 19 66 (Type or print) John DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 75 birthdoy) Months White 6-24-91 Male WIDOWED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA ? INDUSTRY Lithuania Building Ret Builder

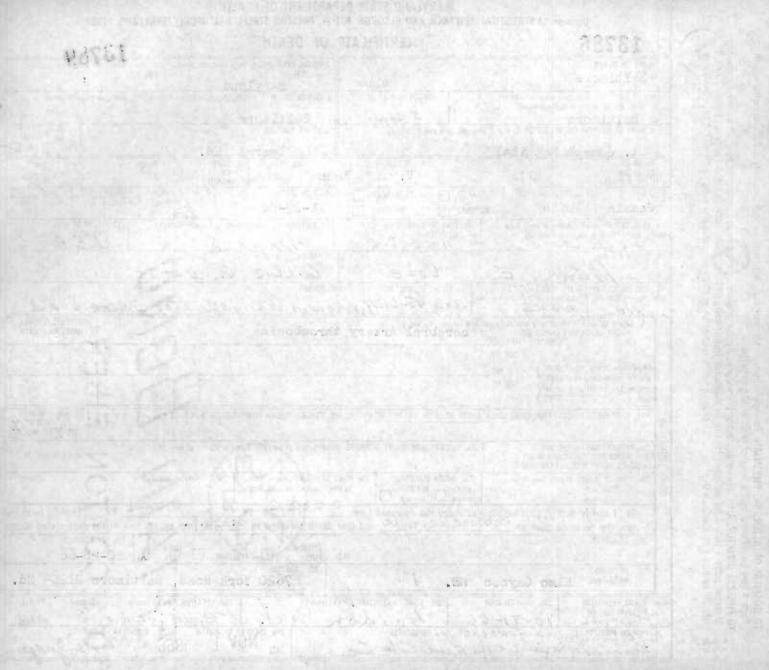
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. Mrs. Josephine B. Kablis- Same 215030040 No crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove Aortic insufficiency rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta Arteriosclerosis, generalized, severe. PHYSICIAN: The law lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (this haspital) attended the deceased fram Oct. 9 th , 19 66 to Oct. 10 , 19 66, that (4) (we) last saw the deceased alive on Oct. 10 1966, and that death accurred at 5:30 M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING flecon for Oct. 10, 1966 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road, Towson, Md. 21204 M.S. Cockburn, M.D. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Buria I 10/13/66 Parkwood Cemetery Baltimore Mary and REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 Leonard J. Ruck Inc. 5305 Marford Rd. #14 1966 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

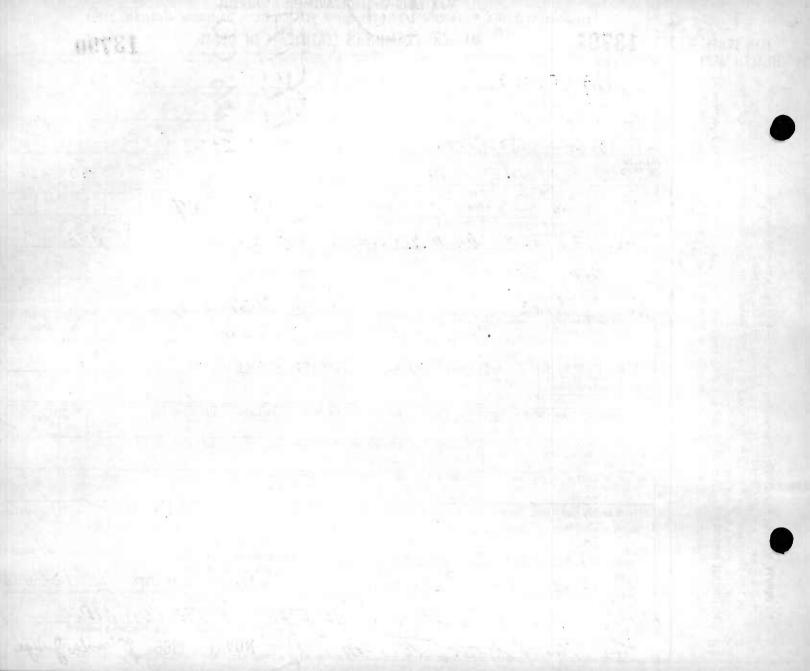
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13786 be executed within 24 haurs after deoth puo completely filled in by the funerol love corbon papers. Pages 1 ond y event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. Bantimore o. STATE b. COUNTY MARYLAND Marvland b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) Baltimore Baltimore IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS 2808 Emerald Rd NO E St. Joseph Hospital Middle OATE remove corbon 3. NAME OF Month Last Year DECEASED (Type or print) V. 19 66 Keen 10 28 Bla DEATH S SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs 11-29-82 Female White WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) Estic requires that the death certificate HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME G. WATTS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service) 213-48-6139 O'CONNELL 2808 EMERAID Re NONE NO 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: cerebral artery thrombosis INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO signed Canditians, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause os the has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate the hospitol or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur a.m. factory, street, office bldg., etc.) Nat While While at wark be retoined by 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive on october 28 19 66, and the 8:15 m. from causes and an the date stated above. and that death accurred at 22b. OATE SIGNED 22a. SIGNATURE **ATTENDING** 10010SC 10-28-66 M.D. PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road, Baltimore 21204 Md. NAME (Type) Elmo Gayoso MB. director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) BALTIMORE re K 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Mianele 19166

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
N. A.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  13787  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  13700	
FOR STATE	13787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 137911	
HEALTH DEPT.	1. PLACE OF DEATH  o. COUNTY  o. STATE  b. COUNTY  b. COUNTY	re odmission)
lay is 3 to Page ent af leath.	O. COUNTY BALTIMORE MARYLAND O. STATE MP 6. COUNTY ALTZ	2
delay and 3 M3. Pag rtment	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	st town)
PM3. I partme	100500	2 / /
es 1, 7 farm farm	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  ST. JOSEPH HOSPITAL  d. STREET ADORESS  208 RIDGE AVE	e. IS RESIDENCE ON A FARM? YES NO
d within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with farm PM3. Page. File pages Land 2 with the Stote Department af and it any event within 72 haurs after death.	3. NAME OF DECEASED (Type or print) ANNE M KELLY OF DEATH OCT 30	Y Year 0 19 6 6
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s certificate should be executed within 24 haurs after death. If e., writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded ta the Chief Medical Examiner's Office alang with farm used as a burial-transit permit. File pages I and 2 with the Stote De i burial, cremation, ar remaval, and it would event within 72 haurs	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  (Yes, no. or unknown) (If yes give, wor or dotes of service).  Address	
be executer "pending" nief Medical ansit permit. ar remaval,		TERVAL BETWEEN NSET AND DEATH
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ate should g the word d ta the C a burial-tr cremation,	rise to immediate couse (a), Stating the underlying couse DUE TO	
ficat ing ded as c 1, cr	lost. (c)	
This certificate should be executed within 24 havrs after death, icate, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office along with for be used as a burial-transit permit. File pages Land 2 with the Stot in to burial, cremation, or remayal, and it any event within 72 have	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	WAS AUTOPSY PERFORMED? YES NO
MINER: Thi the certificat 4 shauld be ur files. e 3 shauld be gent, priar t	200. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
TO DEPUTY MEDICAL EXAMINER: This necessary, please execute the certificate, the funeral directar. Page 4 shauld be for 5 may be retained far yaur files.  TO FUNERAL DIRECTOR: Page 3 shauld be to Health at its designated agent, priar ta	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED Society, Street, office bldg., etc.) of work of work	(Stote)
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ARE ease ease lirect faine all RE des	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
Y N N I N N N N N N N N N N N N N N N N	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	azi batt stottes
O DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained of 5 FUNERAL DIRECTO Health ar its design	NAME (Type) WILL, AM A. YILLSBURY Address (Street/city) Can, by World M.D.	10-30-66
To The	BUNIO MOV. 2, 1966 CAKLAWN CEMETERY BALTO, CO., NO.	
VR A15ME (5)	24. FÜNPTAL DIRECTOR BURNE Sous, Towson, Med DATE NOV 3 1966 JCharle	
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	£ =~£		13788 CERTIFICATE OF DEATH 13791	
	hours after death. d in by the funeral rs. Pages 1 and 2 thours after beath.	1	1. PLACE OF DEATH a. COUNTY  BALTIMORE  MARYIAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Reside a. STATE b. COUNTY)	nce before admission
	by the 1 Pages 1 Irs after	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENCTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town
	in by S. Pag	5	RANDALLSTOWN BALTIMORY	03-1
	24 fille fille appear	70	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  CHAPEL HALL NURSING HOME  3506 5055EX RD.	ON A FARM?  YES NO
	executed within 24 It and completely filled remove carbon papers		DECEASED	Day Year 1966
	executed w land compl remove cal		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. ACE (In years   IFUNOER1YE Months   Day  WINDWED DAY  WINDWED DAY  WINDWED DAY  WINDWED DAY  OF	/ 13
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	The law requires that the death certificate be or attending physician sate has been signed by the attending physician use as the burial-transit permit. Then pressenth prior to burial, cremation, or removal, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (Yes) (Yes	eykl.
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			20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while at work at work at work	(State)
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	ATTENDI retained ECTOR: A 3 should with the		saw the deceased alive on, and that death occurred atM, from the causes and on the d	late stated above
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	- C - C -		22c. PHYSICIAN'S NAME (Type)   22d. ADDRESS	
	TO HOSPITAL Page 4 may TO FUNERAL director, pa should be fi	1	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City, town-or county)	(State)
	1	8	24. FUNERAL OIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SI	CNATURE
	VR A15 (4)	10	Farly-Carriangh F. H Catonwilly My DATE OCT 17 1966 Jelian	les judge
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1	MAKILAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
Pla	13785 CERTIFICATE OF DEATH 13792
	1. PLACE OF DEATH  e. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission of the COUNTY)
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  write RURAL and give neerest town)
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	3. NAME OF DECEASED First Middle State Last 4. DATE Month Dey Year
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	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS Jast birthday) Months Deys Hours Min.
I	Cm   Z   WIDOWED   DIVORCED     CL yrs.
	10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  12. CITIZEN OF WHAT COUNTRY (Country)
	12 FATHERIC NAME
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give were detes of service)
	18 CRIST OF DERTH (Fater only one cause one line (of (a) (b) and (a)
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: CORP DO 1. 1. V. HLOY + FOILUYE ACT + CONSET AND DEATH ONSET AND DEATH
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	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
Ì	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, ferm,   2Df. (City or town) (County) (Stete)
1	Hour a.m. While Not While fectory, street, office bldg., etc.)
	11 910 100 1101 100
	21. I certify that (I) (this hospital) attended the deceased from 19 to
	saw the deceased alive on
	M.D. ATTENDING MED. STAFF  M.D. PHYS. DIRECTOR PHYS.   SIGN
I	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
	NAME (Type) WE McGrath 1303 Frodence R2 (21hoville
	236. BURIAR CREMATION, 236. DATE THEREOF 280. NAME OF CEMETERY OR CREMATORY DAY 23d LOCATION (City flown of control (Stote)
	(Specify) 10/10/66 Coly Specify Jan 180 18 Celi
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. RECIP BY REGISTRAN 250 REGISTRAN'S SIGNATURE
1	Variable France Both Stores 13 thousand - 8 - 1/14 DATE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13790 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY of after death. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ond write RURAL and give nearest tawn) ESSEX SSEX d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours Office olong with form ON A FARM? WEBER tem 18. Give Poges NO Z 24 hours ofter deoth. NAME OF Middle Last 4. DATE Doy Year DECEASED OF DEATH GEORGE IRTCHER 10 19 with S. SEX 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? = LONGSHOREMAN Examiner's 13. FATHER'S NAME pencil be executed within 14. MOTHER'S MAIDEN NAME od ii KIRTCHER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service removol 215-01-80129 AMELIA BEATTY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY A-S-C-V-ONSET AND DEATH burial, cremation, or IMMEDIATE CAUSE (a). Word should DUF TO Canditians, if any, which gave rise to immediate cause (a), DUE TO certificote stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? ose -NO its designoted ogent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUBRED De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour am. factory, street, affice bldg., etc.) Not While at wark 21. I certify that I took charge af the remains described above, held an Autopsy Inspection ... Inquiry P ond in my apinion death resulted from: Natural causes . Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER Heolth 23o. BURIAL CREMATION 23b. DATE THEREOF (County) 50 REMOVAL (Specify)

24. FUNERAL DIRECTOR 10-19-66 ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ATSME (5) LONNELLY 300 6M 1/66

32707

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

20047	CERTIFICATE	OI DEATH		10134	
1. PLACE OF DEATH			re deceosed lived, if institution		e odmission)
O. COUNTY BALTIMORE	MARYLAND	O. STATE M.	b. COUN		GEORGE
b. CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporate limits, write RUR		
BACTIMORE, Md.	15 Days	TAKOMA P	1	16	2.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	4	d. STREET ADDRESS	11111 11010		e. IS RESIDENCE
Copied card alim 11	OSPITAL BALTO.HI		rampohire f	We.	ON A FARM? YES NO
3. NAME OF First	Middle	Lost, 4	. DATE Month		Year
DECEASED (Type or print) FLOYD	E	KNIGHT	OF DEATH	t. 8	1966
S. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
M WID	OWED DIVORCED	8-1-1895	7 Yrs.	Months Doys	Hours Min.
	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tote, or foreign country)	12. CITIZEN OF	
during most of working life, even if retired)	INDUSTRY Unknown	IDWA		COUNTRY?	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .		
ELMER KNIC	11	NEILIE			
NE WAS DESCRISED DUED IN IL S ADMED FORCES	16. SOCIAL SECURITY NO. 17. IN	PODALANT	Addres	ss Takour	a PV M
(Yes, no, or unknown) (If yes give wor or dotes of service	12482-05-7629AMPS	ELAVA KALL	HT 7101 X	1 Incor.	
		LEWAD KINIO	HI MIN	Kenhamp	
1B. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).)	1- 10-1	1 + ,	INI	ERVAL BETWEEN SET AND DEATH
3 3 1 / IMMEDIATE CAUSE (o)	malnutrition Queralized x C	x Deling.	dralyn		
DUE TO	2. 0. 0	0 0	4 . 1		
Conditions, if ony, which gove (b)	unialized x C	erelisal a	rerosclero	526	
stoting the underlying couse DUE TO					
last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(0)	19.	WAS AUTOPSY PERFORMED?
ATIO				Y	ES NO
	205. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Por	I or Port II of item 1B.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
Hour o.m.		ory, street, office bldg., etc.)	NESSEE A		
21. I certify that (I) (this haspital)		9/23/ 196	6 to 10/	8 / 1966, 11	nat (I) (we) las
saw the deceased alive an		death accurred at_			
22o. SIGNATURE	, and man		m, mani cadoos (	22b. DATE SIGN	
1 1	alieri M.D	ATTENDING ME	D. STAFF RECTOR PHYS.	10/5	8/66
22c. PHYSICIAN'S	men m.	22d. ADDRESS	(ICTOK 123 PH13. 12	100	121+
NAME (Type) Amorolla	by Jahren M.L	11/10-11	love State	HeSP	Salto.
	I 23c NAME OF CEMETERY OR C		23d. LOCATION (City or Tov	wn) (County	(Stote)
- PEMOVAL (Specify)	-11 1/1 //		Of Paragraphy	viii) (County	(31018)
CREMATION 10-10-17	166 Ft Lincoln (	Rematory 250. REC'D B	DECISTAR JOSE DE	GISTRAR'S SIGNATUI	ot.
24. FUNERAL DIRECTION J. Malling	- 250000 KT	TLAK		GISTRAK S SIGNATUR	A

VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending phystrian and completely filled in by the directar, page 3 should be detached far use os the burial-tronsit permit. Then please remove corbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours

and completely filled in by the furreral

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	NAME AND ADDRESS OF THE PARK	PARTINES HOLL
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after death.  the funeral gex 1 and 2 after death.	13792  Item 8 CERTIFICATE OF DEATH  13795	
Page 1 and 2 urs after death.	MARYLAND	imore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  solutions to the composite limits, write RURAL and give nearest town)  solutions to the composite limits, write RURAL and give nearest town)  solutions to the composite limits, write RURAL and give nearest town)	-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1200 Tugwell Drive  d. STREET ADDRESS  1200 Tugwell Drive	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle Last DF Oct. 10 (Type or print) Philip Kecher	19 66
1	5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lift UNDER 1 YEAR MONTHS Days with the widowed Divorced   6/16/961884   9. AGE (In years lift UNDER 1 YEAR MONTHS Days with the with the widowed Divorced	
	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) barber barber and a state, or foreign country) barber barber austria	N OF WHAT RY?
	13. FATHER'S NAME Stephen Kocher	Bana 2
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (If yes give war or dates of service) 218-30-5096 Mrs. Julia Kocher 1200 Tugwe	11 Rd.28
41	1.18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) 1.	TERVAL BETWEEN NSET AND DEATH
	163 × DUE TO Conditions, If any, which )  On MRS(ess & Due to (a)	nouths
	gave rise to immediate cause (a), stating the underlying cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Zoc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County)   4 work   20f. (City or town)	(State)
		that (I) (we) last
	22a. SIGNATURE 22b. DATE S	SIGNED
	PHYSICIAN'S NAME (Type) Dr. James Nolan   22d. ADDRESS   1 Mallow Hill Road	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 10/12/66 Loudon Park Cem. 23d. LOCATION (City, town or county) Baltimore, Mary	yland
	24. FUNERAL DIRECTOR ADDRESS A	GNATURE
1	Baltimore, Maryland 21212	1-1-

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIXISTO OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FUR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) LAM & B. COUNTY MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outsige corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State hours a ND X YES 3. NAME DE First DATE Day Year DECEASED OF FFENherge (Type or print) DEATH 2 with 6. COLOR OR RACE 5. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) 7. MARRIED NEVER MARRIED DATE OF BIRT Pages Months | Days Hours WIDOWED : DIVORCED and a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Machinist Seal Crown Cork -13. FATHER'S NAME MOTHER'S MAIDEN NAME Charles Koffenberger Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is ould be forwarded to the Chief Medical Examiner's 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit 0 cremation, DUE TO Conditions, If any, which (b) gava rise to immediate DUE TO cause (a), stating the 60 underlying causa last. used as to burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES. NO K CERTIFI 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should ent, pri he certificate, writ 3 shou agent, MEDICAL TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection N Inquiry and in my opinion should FUNERAL DIRECTOR: death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Or DEPUTY MEDICAL EXAMINER director. Health EXAMINER'S NAME (Type) Address (Street, city; town, or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 50 REMOVAL (Specify) 10-15-1966 Md. Parkwood Cemetery Baltimore 0 24. FUNERAL DIRECTOR ADDR ESS 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE 1966 VR ALSME (5) 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore # 14 Towson bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 5801 Oakview Avenue Armacost Nursing Home NO PK letely executed within rbon NAME OF Middle DATE Month Year DECEASED Krieger M. BEATH October 25. 1966. (Type or print) Florence AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Minches | Days | Hours | Minches | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH White Female November 30,1895 WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Retired Secretary Balto. Transit Co. Maryland USA attending physermit. Then pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME law requires that the death certifical Lawrence Krieger Mary Heilman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 213-10-2914A Mr. Andrew G. Nickol. 3508 Richmond Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. signed burial-t burial. DUE TO Cenditions, If any, which (b) gave rise to immediate the DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO R YES [ 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from SEPT 1966, to OCT 25, 1966, that (1) two) last 1966, and that death occurred at 3 A.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SICNATURE DATE SICNED ATTENDING PHYS. Page 4 may b DIRECTOR PHYS. M.D. FUNERAL firector, pa pa PHYSICIAN'S 22d. ADDRESS NAME (Type) 5662 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Shais Holy Redeemer Cemetery Baltimore. Md. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20M 1/65

Tel binore The second of th two haismud secounts Distance (all the definition of the composite 25, 1866 Permits Attendance of the Permit November 70,1895, 70 Migrat Constitut Contract Co. Constand Transmit community Ett Cavi anomioti Rost Indon Tarathu . Tarathu . Adapt of the Committee of PERMANE SET LIST TO BE MAN TO THE TOTAL THE TO Sorted 10/25/66. Note Indoorder Cenetary a Haltmore, ld.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13795 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY a. STATE BALTIMORE MARYLAND and in ony event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORT HOWARD lili DAYS BALTIMORE completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 718 MELVILLE AVENUE VETERANS ADMINISTRATION HOSPITAL NO [ 3. NAME OF DECEASED First Middle Lost 4. DATE Month Year Doy 14 66 JOHN KROENING OCTOBER 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours MAY 12, 1888 MATE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? physicion con pense during mast of warking life, even if retired) **INDUSTRY** BALTIMORE MARYTAND

14. MOTHER'S MAIDEN NAME GENERAL ELECTRIC 13. FATHER'S NAME MARY WAFFER WILLIAM KROENING VA HOSIBNAVAL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war ar dotes of service) 0 FORT HOWARD, MARYLAND 213 05 53 98 CLINICAL RECORDS INTERVAL BETWEEN ONSEL AND DEATH RECENT 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) signed by Page 4 moy be retained by the hospitol or attending physicion. DUE TO CHRONIC PYELONEPHRITIS UNKNOWN Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been for use os the of Health prior to UNKNOWN CARCINOMA OF BLADDER 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION YES A NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work at wark pe 21. I certify that (y) (this haspital) attended the deceased fram SEPT 1, 1966, ta OCT 11, 1966, that (y) (we) last saw the deceased glive an OCT 11, 1966, and that death accurred at 51,54 M, fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ABDUS S. QURESHI, M. D. VAH FORT HOWARD, MARYLAND director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) PEMOVAL (Specify) 10-18-66 BALTIMORE, MARYLAND BALTIMORE NATIONAL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** RUCK FUNERAL HOME VR A15 (4) Whomber 20 M 1/66 HARFORD, BOAD, BALTIMORE, ND.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 in 72 hours affer death. hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Maryland b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Baltimore. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Victoria Avenue 3823 Victoria ND YES Avenue completely ive carbon p executed within 3. NAME DF DECEASED Middle Last DATE Day Year (Type or print) Emily Kuphon DEATH October 17 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | in any Days WIDOWED DIVORCED ( Female. December 4 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe INDUSTRY COUNTRY? NONE Baltimore Maruland LISA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Kupher inda Aberbach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address signed by the atter purial-transit permit, burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) Arthur Kupher, 3823 Victoria CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DIRATOR the hospital or attending physician. IMMEDIATE CAUSE (a) Jins been s the buria. requires Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY this certificate h detached for use e Dept. of Health I PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While director, page 3 should be c should be filed with the State be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 30 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may 1 M.D. DIRECTOR PHYS. PHYSICIAN'S **ADDRESS** NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, (State REMOVAL (Specify) Baltimore, Maryland EGISTRAR | 25b. REGISTRAR'S SIGNATURE Beth Thiloh Burial 0/18/66 24. FUNERAL DIRECTOR REC'D BY REGISTRAR & BROS.INC., 6010 REISTERS VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13797 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DER PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY Broward Page Balto. o. STATE Florida 5 0 MARYLAND delay and 3 1 Department b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 dec c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write PURAL and give pearest town) after 12 hrs. Deerfield Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE farm haurs ON A FARM? Holiday Inn- Reisterstown Rd. 1616 Southeast Sixth St. 00 ate Item 18. Give Pages NO after death. alang with 3. NAME OF with the Sto within 72 | Middle Lost 4. DATE Month Dov Year DECEASED 0F Dorothy Marion 11 19 66 Lemm Oct. (Type or print) DEATH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED (X) NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 6 ast birthdoy) Months Doys Hours Female White Feb. 12,1902 hours WIDOWED DIVORCED 2 event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Own Home U.S.A. 24 Houswife any Plattsburgh, N. Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate shauld be executed within pencil = Exargi Howard Clark Elizabeth Southwick File and Ξ 15. WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" ir Chief Medical I permit. remaval, 152-07-4050A Mr. Charles Adolf Lemm. Deerfield Beach. Fla. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH a Coronary Occlusion IMMEDIATE CAUSE (o)\_ ward used as a burial-tr burial, crematian, DHE TO Conditions, if ony, which gove Hypertensive C-V Disease 16 yrs. writing the forwarded ta rise to immediate couse (o). DHF TO stoting the underlying couse lost nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. YES NO X agent, priar to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. none 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work none 19 ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinian the funeral directar. deoth resulted from: Notural causes X. Accident Suicide Hamicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** D. D. Caples, M. D., 6 Hanover Reddiess Redsterstown, Md. 10-11-66 Health NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. (Stote) 0 Oct. 11.1966 Loudon Park Crematery Baltimore Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frank H. Newell, Pikesville 8, Md. VR A15ME (5) 6M 1/66

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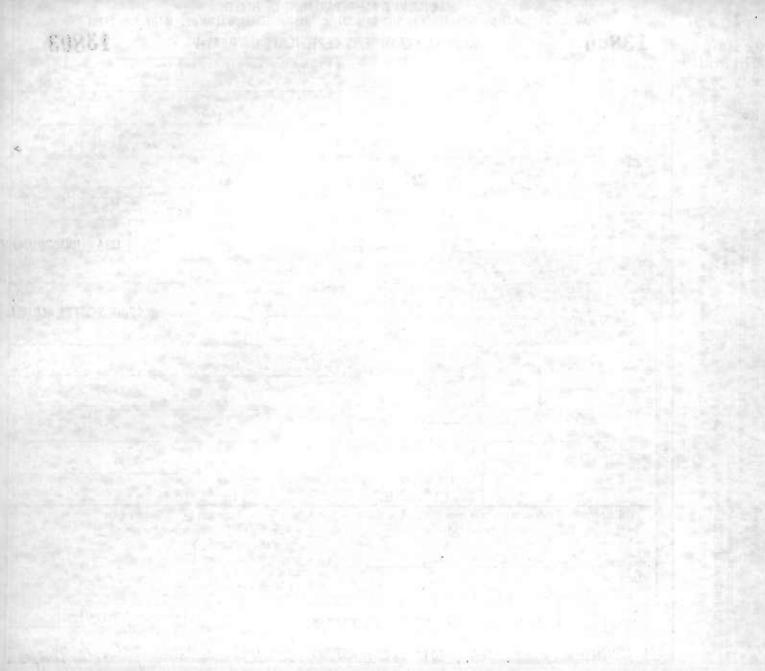
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon papers. Poges 1 and I. PLACE OF DEATH Baltimore o. STATE Maryland b. COUNTY a. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b Baltimore #34 Parkville d. STREET ADDRESS 8612 Old Harford Road bon papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street oddress) IS RESIDENCE ON A FARM? 8612 Old Harford Road NO A YES 3. NAME OF Middle Lost 4. DATE Manth Day Year Albert Francis Xavier LePore October 23, 1966. DECEASED DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE SC. NEVER MARRIED B. DATE OF BIRTH 7. MARRIED Manths Days Hours White Male Sept. 12, 1913 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) Sewing Machines COUNTRY? during most of working life, even if retired) Italy USA the attending physician sit permit. Then please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eugenio LePore Adeline Bancala 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service Mrs. Hattie LePore (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use Heolth NO YES 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) factory, street, affice bldg., etc.) Haur o.m. Nat While TO HOSPITAL OR ATTENDING at work at work Poge 4 moy be retained by Cot 00, 1966, ta (27 22, 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_ 19 66, and that death accurred at 2 3 PM, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. director, poge 3 should be filed w M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maryland (State) 23d LOCATION (City of Tawn)
Balto. (0., 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF Bureat (Specify) Parkwood (emetery 0., 2Sa. REC'D BY REGISTRAR careles Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after after BALTIMORE

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b emove carbon papers. Pag any event, within 72 hours hours BALTIMORE BALTIMORE filled in d. STREET AOORESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) AVENUE. APT PH-606 130 SLADE PH-606 YES NO AVENUE. completely executed within 3. NAME OF DATE Month Day Middle Year **OECEASEO** 1966 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX OATE OF BIRTH 9. 6. COLOR OR RACE 8. 7. MARRIEO Y NEVER MARRIED Months WHITE 27.1897 69 WIDOWED | DIVORCED [ se in 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) physician in please r 10b. KINO OF BUSINESS OR COUNTRYZ INDUSTRY during most of working life, even if retired) ease INSURANCE AGENCY GERMANY RETIRED The law requires that the death certificate FATHER'S NAME 14. MOTHER'S MAIDEN NAME BAILA BAS CALMAN GOTTLIEB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attention the burial-transit permit to burial, cremation, or MRS. BESSIE LIND. 130 SLADE AVENUE. APT UNKNOWN NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. nejocardeal DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) 38 WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO N YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING of d OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) e Dept. MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: After page 3 should be diffed with the State After 19 at work at work 195 6 that (I) (we) last be retained 21. I certify that (I) (this hospital) attended the deceased from 19 6 6, and that death occurred at 12 M, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE page ATTENOING PHYS. M.O. DIRECTOR 4 may 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) NORTHERN LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. MARY LAND 10/9/66 REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13800 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page of after deoth MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give hearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE farm hours ON A FARM? Item 18. Give Poges Office olong with far 24 hours ofter deoth. NAME OF with the Sto DATE Year DECEASED 19 26 (Type or print DEATH 9. AGE (In years IF UNDER 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Hours WIDOWED 🔀 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAM pencil 14. MOTHER'S MAIDEN NAME be executed within pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) cremation, or removal, 217-05-327 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) certificate should writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse used os burial, a 00 lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO I ogent, prior to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.}-Hour o.m. Not While may be retained far your FUNERAL DIRECTOR: Poge of work 19 ot work 21. I certify that I took charge af the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Notural couses . Accident . Suicide deoth resulted from: Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNEI Heolth Address (Street, city, town, or county) 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BALTIMORE. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

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JING PHYSICI d by the hos After this ce d be detache s State Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19   20d. INJURY OCCURRED AND While at work at wo	(County) (State)
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CTOR Short		saw the deceased alive on	on the date stated above.  DATE SIGNED
DIRE DIRE age 3		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	10-30-66
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13803 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) ny delay is 2, and 3 to PM3. Poge o. COUNTY o. STATE b. COUNTY Balto. Md. Balte. deoth. MARYLAND Department b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ofter D. O. A. Randallstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form hours Baltimore County G neral Hospital 305 Highmeadow Rd. in Item 18. Give Pages ote YES | NO S hours ofter death. 3. NAME OF First Middle 4. DATE Month Lost Doy 5 within 72 Year DECEASED Lydon M. 19 66 Anna Oct. 3 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 8-29-1898 Female White WIDOWED DIVORCED event 2 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? poges I Baltimore, Md. within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frederick P. Knopp Annie M. Detkins File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add Reisterstown, Md. This certificate should be expended (Yes, no, or unknown) (If yes give war or dates of service permit. removol, Mrs. Mary E. Bosley, 305 Highmeadow. ne none pendig 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit 20 min. PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE (AUSE (a) Cerebral Vascular Accident e, writing the word forwarded to the Ch cremation, DUE TO Arteriosclerotic C-V Disease 2 yrs. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 lost. buriol, c nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO X please execute the certificate, ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) plnods PRIMARY CONTRIBUTING C CAUSE OF DEATH. none 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Your Not While DIRECTOR: Page noneio ot work ot work designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry 🛣 and in my apinian for funerol director. Natural causes X death resulted fram: Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** D. D. Caples, M. D. 5 may b 6 Hanover Ridges (Reinsteam. Md. 10-5-66 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) usia 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR
John J. Cowan & Son, Inc., 901 Hollins St., Md.
Balto. 23. Md. VR A15ME (5) 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13804 CERTIFICATE OF DEATH death. executed within 24 haurs after death campletely filled in by the funeral tave carban papers. Pages 1 and y event, within 72 haurs after deathy 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE Maryland a. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write, RURAL and give nearest tawn)

TOWSON c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 3 years Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Towson Convelescent Home Marylander Apts YES NO X 3. NAME OF Middle 4. DATE Last Manth Day DECEASED William Mahoney October 17 19 66 (Type or print) M. DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED dast birthday) Male White Dec. 14,1882 WIDOWED & DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Newspaper Publisher Wisconsin Circulation Director law requires that the death certifical 14 MOTHER'S MAIDEN NAME George Mahonev Katherine Coughlan 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Towson, Md. (Yes, na, ar unknown) (If yes give war ar dates af service) William Mahoney (son) 307 W. Chesapeake Ave. 212-01-7089 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) signed by the burial-transit p HEMORRHACE PART I. DEATH WAS CAUSED BY: CEREBRAL IMMEDIATE CAUSE (a) UPERTENSIVE CARDIOVASCULAR PENAL Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO ke TO FUNERAL DIRECTOR: After this certificate Par 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (I) (this hespital) attended the deceased from MAR 1904, to OCT 17, 1966, that (1) (we) last sow the deceosed aliveron OCT 1960, and that deoth occurred at 140 M, fram causes and on the date stated obove. 22b. DATE SIGNED 22g. SIGNATURE ATTENDING STAFF 10/20/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S T. C. Siwinski, M.D. 206 W. Pennsylvania Ave., Towson, Md. NAME (Type) director, shauld 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Oct. 20,1966 Baltimore, Maryland New Cathedral Cemetery 24 FUNERAL DIRECTOR Brooks Towson 1050 York Road 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 Towson, Maryland 21204 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13808 CERTIFICATE OF DEATH 13805death. certificate be executed within 24 haurs after death filled in by the funeral papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21207 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Josephs Hospital 3602 Kelox Rd. 21207 YES NO 3. NAME OF Middle 4. DATE Month Doy Year remave carban event, wit and campletely DECEASED 19 66 Lillian MALDEIS October 6 Marie DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Doys Hours July 20, 1886 white WIDOWED X DIVORCED female 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Md. Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Mary C. Yingling Samuel Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO requires that the death Rt.2 Box 478 Severna Park. permit. (Yes, no, or unknown) ((If yes give wor or dates of service) No None Mr. Albert F. Maldeis crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Myocardial infarction, acute, left ventricle IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by signed by DUE TO burial, Conditions, if ony, which gove Thrombosis, left coronary artery rise to immediate couse (o), DUE TO stoting the underlying couse as the prior tal Arteriosclerosis, generalized. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. of Health p Infarction, right upper lung. YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work ta October 6, 1906, that (M (we) last 21. I certify that ( (this hospital) attended the deceased fram August 27 1966 saw the deceased alive on October 6 shauld 1066 and that death accurred at 4:15am, fram causes and an the date stoted obove 22b. DATE SIGNED 22o. SIGNATURE Cockburn. M.D. 10/6/66 M.D. DIRECTOR PHYS. PHYS director, page shauld be filed 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 7620 York Rd. Baltimore, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Pikesville 8 Md.
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 10/8/66 Druid Ridge Cemetery 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown, Md. DAIF 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. within 24 haurs after death. the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY BALTIMORE MARYTAND papers. Pages I MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) DAYS BALTIMORE FORT HOWARD IS RESIDENCE d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? and in any event, within 72 filled 3119 LYNDALE AVENUE VETERANS ADMINISTRATION HOSPITAL NO Month Middle 4. DATE Doy Year NAME OF First Lost pau campletely DECEASED 18 CHARLES MANTEY OCTOBER EVERETT DEATH (Type or print) COL IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 1905 7. MARRIED last birthdoy) Months Dovs Hours 61 yrs. WHITE WIDOWED DIVORCED OCTOBER 13 MALE and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR COUNTRY ? INDUSTRY HENRY, WEST VIRGINIA U.S.A the death certificate CAB DRIVER 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME crematian, arremayal, WILLIAM MANLEY MARY \*\*\*\*\*\*\* Kevs 17. INFORMANT VA HOSPITAL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) FORT HOWARD, MARYLAND 216 07 83 65 CLINICAL RECORDS YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUE TO TERMINAL RECURRENT CARCINOMA OF LARYNX 1 YEAR Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has be detached far use State Dept. af Health p CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. of work of work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram OCT 13. , 1966, to OCT 18 , 19.66, that (1) (we) last 19\_66, and that death accurred at 1.75P M, fram causes and an the date stated above. saw the deceased alive an OCT 18. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE STAFF 10-18-66 DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type VA HOSPITAL, FORT HOWARD, MARYLAND PETER G. BURCH. M.D. 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Oct. 21. BALTIMORE, MARYLAND BATTIMORE NATIONAL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WM. COOK-BROOKS 2So. REC'D BY REGISTRAR VR A15 (4) INC. ST. PAUL & PRESTON STS., BALTIMORE, MD. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY after b. CITY DR TOWN (if outside corporate limits. MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town completely filled in by to ove carbon papers. Page event, within 72 hours a write RURAL and give nearest town) 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS NO YES NAME DE TELES Middle Month Day Last DATE (Type or print) DEATH 6. CDLOR, OR RACE 7. MARRIED AGE (In years last birthday) 5. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS and cor NEVER MARRIED 9. Months Davs Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) sician lease during most of working life, even if retired) death certificate be INDUSTRY EDUCA FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 5 (Yes, no. or unkown) (If yes give war or dates of service) transit perm cremation, NURSING HOME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH law requires that the I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2200 signed l been signed the burial-tr DUE TO Cenditions, If any, which gave rise to Immediate DUE TD cause (a), stating has be as th prior t underlying cause last. PART IJ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES [ ND V 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part II of Item 18.) tached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work at work 0 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the and that death occurred at 1.300 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR page filed M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS FUNERAL director, p NAME (Type) REDERICK BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 2 Woodlawn Balto.Co., 25a. REC'D BY REGISTRAR | 25b. 4905 York Sons Co. DATE Q.C VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	OF DEATH			ere deceosed lived, if institution: I	Residence befare admissian)
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Υe			rs. Maude	C. Marshall	(Same)
18. C	AUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line for (o), (b), ond (c).)	MADRANIA		INTERVAL BETWEEN
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WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  OR CO. 10  OR CO. 11					PERFORMED?
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OR CO	ONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW MOOK! OCCURRED.	center material or importy in 1 or	in a contract with the	
₹ (IF EIT	HER, NOTIFY MEDICAL EXAMINER)	LOO HANDY OSCUPPED AND DIA	T OF INITIDY (II f	1 206 (Fib., 25 bound)	(Caunty) (State)
200.	TIME OF INJURY Manth, Doy, Yeor Haur o.m.		CE OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. (City or town)	(capilly) (state)
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22c.	PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) Dr. Willi	am F. Fritz	2 W. U	niversity Pk	WY.
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	rial 10/4/196	6 Druid Ridge		Pikesville	Balto Co Mo
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13809 CERTIFICATE OF DEATH death. PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 and-in any event, within 72 hours aftey death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore Maryland Maryland Baltimore MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. 15 years Baltimore Baltimore | 15 year d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 2012 Mosby Avenue 2012 Mosby Avenue NO X 3. NAME OF DECEASED Middle 4. DATE Last Manth Dov Year 19 66 (Type ar print) Donald Martin October DEATH AGE (In years last birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED 10-19-1911 White Male 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Baltimore Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary G. Leurs
17. INFORMANT William T. Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 212-05-7312 Mary Jane Martin 2012 Mosby Avenue NO 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed t SCVA Canditians, if any, which gave (b) rise to immediate cause (a). DUF TO stating the underlying cause Poge 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been for use os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED 20f. (County) (Stote) Hour a.m. While Nat While factory, street, office bldg., etc.) at wark at work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 2/1 , 1960, ta c/10 saw the deceased alive an 6/10 1966, and that death accurred at # M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR director, poge should be filed PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 10-10-1966 Lorraine Cemetery Baltimore, Maryland 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 4600 Liberty Hghts.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13813 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY BALTIMORE O. STATE MARY LAND b. COUNTY MARYLAND requires that the death certificate be executed within 24 hours after filled in by the Tu papers. Pages thin 72 haurs afte b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside carparate limits, write RURAL and give negrest town) 18 DAYS BALTIMORE FORT HOWARD d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 4412 WOODLEAR AVENUE VETERANS ADMINISTRATION HOSPITAL YES NO X carban 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED RAYMOND JAMES MARTIN OCTOBER 10 66 (Type or print) 19 DEATH S. SEX IF UNDER 1 YEAR B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Dovs Hours OCTOBER 24. 1894 MALE WHITTE WIDOWED 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in COUNTRY? during most of working life, eyen if retired) INDUSTRY attending physician sermit. Then please BALTIMORE, MARYLAND MECHANIC Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, MICHAEL MARTIN KATHERINE CARROLL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17 INFORMANT permit. 213 05 06 47 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p HONSERAND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROTIC DISEASE OF THE HEART JNKNOWN Conditions, if ony, which gave rise to immediate couse (a) DUE TO stoting the underlying couse 4 may be retained by the haspital ar attending as the priarta has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use INFARCTIONS OF BOTH LUNGS YES X NO ifter this certificate be detached far us 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After ot work 21. I certify that \$1 (this haspital) attended the deceased fram. 9/22/66 10/10/66, 19\_\_\_, that (A) (we) last 19 to director, page 3 should shauld be filed with the saw the deceased alive an 10/10/66 19 , and that death accurred at 7:00PM, from couses and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 10/10/66 M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS JORGE A. FABARA, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 10/14/66. BALTIMORE NATIONAL BALTIMORE. MARYLAND 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 RUCK FUNERAL HOME Leonard J. HARFORD ROAD, BALTIMORE, NE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	sho sho ith t		saw the deceased alive on 8	50-1966, and that	death occurred at 5 AM	I, from the causes and on t	the date stated above.  DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13814 by the funeral Bages 1 and 2 hours after death requires that the death certificate be executed within 24 haurs after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALTO MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) ESSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled TOUNSEND TOWNSEND YES NO carban NAME OF Last 4. DATE Month Doy Year DECEASED 1966 10 12 MATTHEU (Type or print) DEATH IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED pup 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? BALTO. CO. LABORER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remov E STOLKA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) I(If yes give war ar dates of service -01-437% TOWNSER. UNK 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,  13815  CERTIFICATE OF DEATH	13818
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	5. SEX   6. COOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNI	15 19 66 DER 1 YEAR   IF UNDER 24 HRS.
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give we rordetes of service)	1 11 5
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3.4.9	p.m. 19 et work et work 21. I certify that (I) (this hospital) attended the deceased from 1	1966 that (I) (we) la
	saw the deceased alive on	on the date stated above
	Jolph Lay Lity MD ATTENDING MED. STAFF PHYS.   DIRECTOR   PHYS.	10/15/86
	22c. Physician's NAME (Type) OSEAL G. LAU-ICA ITIS MD 22d ADDRESS ON AME (Type) OSEAL G. LAU-ICA ITIS MD 22d ADDRESS	Uhre 30 Mg
2	38. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ACCATION (City, town or or or of the control o	ounty) (Stete)
1-	Approved the second sec	,
2	John La Lawrent Low Inc. Stolling Date OCT 17 1966	r's signature

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY BATITIMORE MARYIAND MARYLAND Department after death. funera b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) May DAYS BALTIMORE FORT HOWARD the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) 5 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours VETERANS ADMINISTRATION HOSPITAL 517 CATHEDRAL STREET NO. YES NAME OF 3. First Middle Last DATE Month Day Year the 72 DECEASED (Type or print) WTT.T.TAM MERRICK OCTOBER DEATH 66 19 2 with within death. If a Pages 1, ith form P 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Isat birthday) | Months | Days | Hours | Min. NEVER MARRIED MALE WHITE WIDOWED 15.1891 DIVORCED and event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give INDUSTRY COUNTRY? -MERCHANT SEAMAN SHIPPING HUDSON. NEW YORK U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours Item 1 should be executed within 24 hou word "pending" in pencil in Item Chief Medical Examiner's Office WILLIAM MERRICK SYLVIA MN: MERRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no, or unkown) | (If yes give war or dates of service) permit. YES WW CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or PNEUMONIA DAYS cremation. DUE TO FRACTURE RIGHT HIP 9 MONTHS Conditions, if env. which gave rise to immediate DUE TO cause (a), steting the 60 underlying cause lest. used as to burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) WAS AUTOPSY CAMINER: This certificate certificate, writing the uld be forwarded to the PERFORMED? CATI ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. CEREBRAL VASCULAR ACCIDENT NO T CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY 23 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part for Part 11 of Item 18.) o e should I FELL IN MARYLAND GENERAL HOSPITAL 3 shou MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) EXAMINER: Hour Not While CTOR: Page designated at work at work MD. GEN. HOSPITAI should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident X . Suicide Homicide CHIEF MEDICAL EXAMINER Your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OF 10/17/66 for DEPUTY MEDICAL EXAMINER FUNERAL Health DEPUTY **EXAMINER'S** MELVIN B. DAVIS, M. D. please edirector. Address (Street, city, town, or county) Balto., Md. 21222 NAME (Type) BURIAL, CREMATION.I 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 00 REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ZANNINO FUNERAL HOME VR ALSME (5) 1/65

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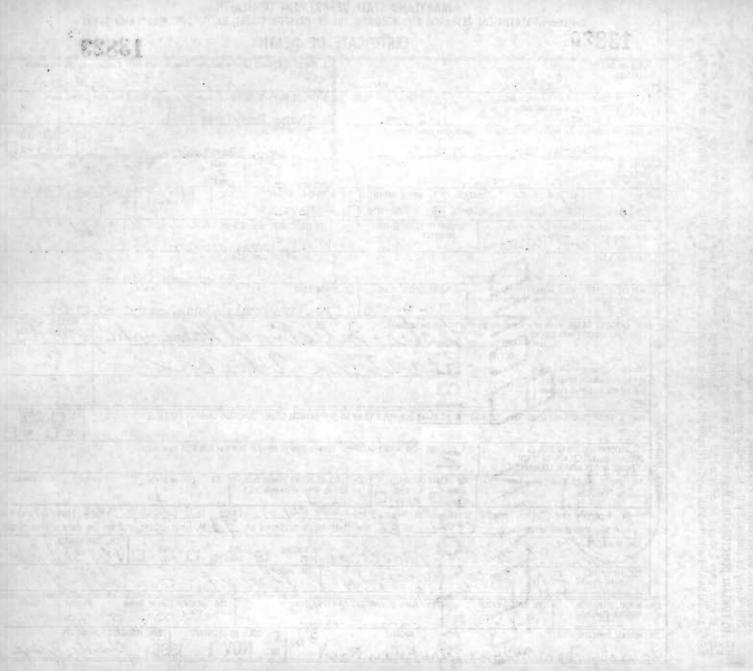
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DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased livad, If Institution: Residence before admission) a. COUNTY Ob. COUNTY by the and 2 MARYLAND death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give hearest town) within 24 .⊑ completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO papers. NAMEOF Middle DATE Dey 72 Month Yaar DECEASED OF DEATH (Type or print) within 1960 carbon OR RACE | 7. MARRIED S. SEX 6. COLOR AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey) Months Hours please remove car DIVORCED WIDOWED 5 certificate physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY country) 12. CITIZEN OF WHAT COUNTRY most of working life, even if retired) AUX 13. FATHER'S NAME MOTHER'S MAIDEN NAME death attending and corac IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT removal Address unkown) | (Ifyes give wer or dates of service) requires that hospital or attending physician. certificate has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and INTERVAL BETWEEN ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO burial, (a), steting the underlying cause last. the the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY 8 0 ERFORMED? use NO prior YES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) र् OR CONTRIBUTING | CAUSE OF DEATH Health f may be retained by the DIRECTOR. After this 3 should be detached fine State Dept. of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not Whila Hour a.m. at work 19 at work 21. I certify that (I) (this hospital) attended the deceased from Case 2-0... 19.66 to... 196 that (I) (we) last saw the deceased alive on Out 28 19.60, and that death occurred at 55.00, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED MED. death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Friends Ground Baltimore. Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Co. .Jenkins 28 Sons VR A15 DATE NOV 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY BALTO, after the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) P hours oon papers. Pag within 72 hours B. nac. Towson = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO etely carbon NAME OF Middie Last DATE Year DECEASED event, (Type or print) MeRson DEATH OROTH SEX 6. COLOR OR RACE remove DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any 03-1 WIDOWED X DIVORCED [ = 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) and INDUSTRY COUNTRY? physic Parcher 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal ing ph Then 15 WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) ed by the attenctransit permit. 17. INFORMANT Address 21211 death 1402 medfield Rd. Roberta 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN that the ONSET AND DEATH led by PART I. DEATH WAS CAUSED BY physician. IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO law requires Conditions, If any, which peen gave rise to Immediate the DUE TO cause (a), stating the underlying cause last. 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) o d OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this (letach TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 12 32M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 should be filed v be ATTENDING M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADORESS NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13820 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. the funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryl and ampletely filled in by the fuse carban papers. Pages I event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Chase Chase Warvland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS filled i Maryland 21027 YES NO Chase Maryl and 3. NAME OF Middle 4. DATE First Last Month Day DECEASED William (Type or print) DEATH 19 essenger 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED Se remave of NEVER MARRIED last birthday) Months Days Hours Male White WIDOWED DIVORCED 10-11-1885 87 vrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Baltimore, Co. COUNTRY? **INDUSTRY** Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Road 13. FATHER'S NAME signed by the attending physburial-transit permit. Then burial, crematian, or remaval John Messenger Elizabeth. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 212-119-6201 Norris Chase, Maryland 21027 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the State Dept. of Health prior ta PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Doy, Year Haur a.m. factory, street, affice bldg., etc.) Nat While While at wark at work 1966 2]. I certify that (1) (this haspital) attended the deceased fram 46 , 1966, that (I) (we) las directar, page 3 should should should be filed with the 66, and that death accurred at 71 M, fram causes and an the date stated above saw the deseased alive an. 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Baltimore, Maryland niria Park god Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 NOV 1966 Melianler DATE



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral TMORE COUNTY 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. MILL RD MARYLAND MARYLAND BALTIMORE by # b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Pages 1 BALTIMORE RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress . IS RESIDENCE ON A FARM? mill YES NO completely papers. 3. NAME OF Middle Month Dev Yeer DECEASED OF (Typa or print) DEATH within NABEL 66 19 carbon 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yeers I IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months WIDOWED A remove 10e. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) HOUSEWIFF ease 13. FATHER'S NAME MOTHER'S MAIDEN NAME 9 attending pue 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal (Yes, no, or unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO affending peen Conditions, if any, which gave rise to immediata causa DUE TO (a), stating the underlying ceuse lest. the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION as 0 PERFORMED? use prior YES NO N 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) fectory, strael, offica bldg., etc.) Hour a.m. While Not While 6 at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 15. 19.66 to 0212 19.66 that (1) (we) last The Lee, and that death occurred at 11.A.M., from the causes and on the date stated above saw the deceased alive on..... 22a. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR death. Page 4 PHYS. M.D. rector, page filed with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town or county) (Stete) REMOVAL (Spacify) 品等の 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 5-63

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	completely ve carbon event, with	3. NAME OF DECEASED (Type or print) Robert LEON MINTON DEATH	Month Day Year 15 1966
	executed within and completely femove carbon in any event, within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS last birthday)   Months   Days   Hours   Min.
	be exectangle asserter	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR line in BIRTHPLACE (County & State, INDUSTRY)	, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	death certificate be le attending physician permit. Then please ion, or removal, and the	13. FATHER'S NAME J. 14. MOTHER'S MAIDEN NAME	all asir
	eath certifi attending srmit. Ther n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, np., or unknown) (If yes give war or dates of service)	Address/ Aug
	death ne atter permit.	No None Mother 2308	Southern Ave
	T 40	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PES OKRAFORY  ARREST	INTERVAL BETWEEN ONSET AND DEATH
	es the hysical signe urial-t urial,	Conditions, if any, which \ (b) \ SeQS/S	48 hs.
	requir ding p been the b	gave rise to immediate cause (a), stating the DUE TO	
	law re attendi has bo e as th h prior	(6)	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	N: The lattal or attificate hor use for use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	YES NO E
	PHYSICIAN: the hospita this certifi detached fo e Dept. of H		
		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f.   4 work   20f.   20f.	(City or town) (County) (State)
	ATTENDING retained by (CTOR: After should be vith the Start	21. I certify that (I) (this hospital) attended the deceased from to.	, 19, that (I) (we) last
	ECTO 3 sh with	22a. \$\cdot S\cdot G\psi \delta \text{TVB}E	om the causes and on the date stated above
	AL OR ay be page page filed	Z.C. PHYSICIAN'S MED. ATTENDING MED. DIRECTOR [	STAFF DY 10-15-66
	HOSPITAL age 4 may FUNERAL irector, pa	NAME (Type) U L. Casazza GBMC, Charle	s St Baltinore Mid.
	Page Page TO FU dire	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. L. REMOVAL (Specify) 10/18/66. Moreland Mem. Cemetery Burial Burial Action 10/18/66.	ocation (city, town or county) (State)
	B	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGI	STRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65	Leonard y. Ruck Inc. Balto. Ma. 21214   DATE OCT 18	1966 Markey Judge
		6-172713	

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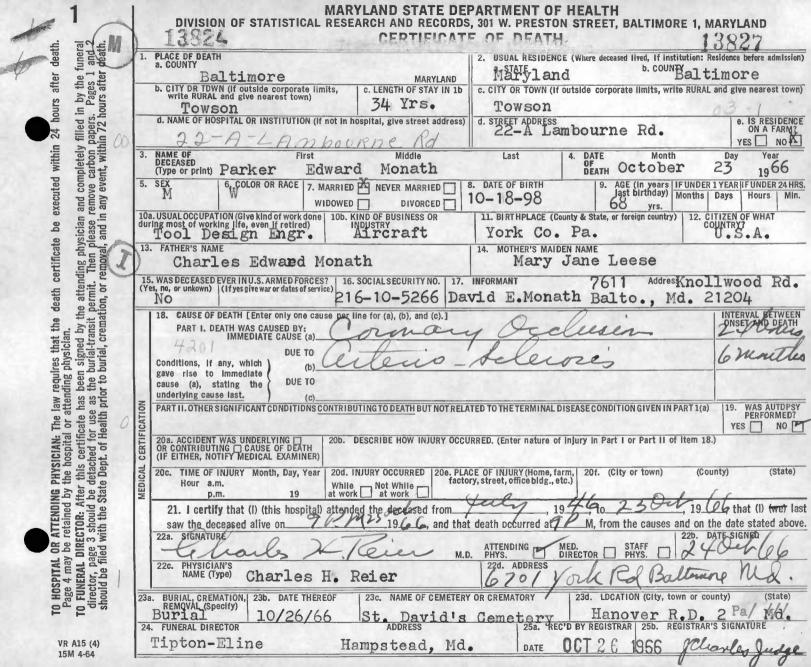
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciae and completely filled in by the Toneral director, page 3 should be detached for use as the burial-transit permit. Then please, move carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLANI
3823	CERTIFICATE OF DEATH	13826

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE  Maryland  b. COUNTY  Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville 69 urs	Catonsville 13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
5 Woodlawn Avenue	5 Woodlawn Ave. YES NO Z
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) EMILE R. MOHLE	19 00
TO THE TENED OF THE PERSON OF	8. DATE OF BIRTH  9. ACE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.   Min.
	3
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Real Estate	Catonsville, Md. USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank L. Mohler	Lily A. Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
yes   WWI   214-22-8159 Mi	rs Helen G. Mohler 5 Woodlawn Ave.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	andure lailur
260 X DUE TO 1	
Conditions, If any, which ) Deneralize of	arleristacleroses
gave rise to immediate cause (a), stating the DUE TO	non M. F
underlying cause last. (c) //all	Mellina
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1CA	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	OF OF INTERVALORS form 1 006 (Oldy or Asym) (County) (Cheto)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1963, to 1966, 1966, that (1) (we) last
	death occurred at A. M. from the causes and on the date stated above.
223. STAFF 22b. DATE SICNED	
M.E. PHYSICIAN'S	DIRECTOR PHYS.
NAME (Type) VIII JM Q. DRYSON	"HOOD Edmondson are.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)	
REMOVAL (Specify) October 22, 1966 New Cathedral Cemt Balto., Maryland	
24 FUNERAL DIRECTOR LINE PALE STATE TABLES AMONG CON 125a. REC'D BY RECISTRAR'S SIGNATURE	
Catonsvillem Md.	ason Pare OCT 24 1986 Icharles Judges

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. funeral PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY the 1 a. STATE b. COUNTY after within 72 hours after BALTIMORE MARYLAND MARYLAND BALTIMORE by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Mo. PARKVILLE E d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? filled NO HARFORD OLD\_HARFORD ROAD OLD YES Apt ROAL completely ve carbon p within 3. NAME DE Month First Middle Last 4. DATE Day Year DECEASED OF DEATH event, (Type or print) PETRA 1966 MONTGOMERY OCT executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months | Days Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH emove 9. 7. MARRIED X NEVER MARRIED any F W WIDOWED DIVORCED 24-18 9 6 nding physician at Then please re removal, and in a lease re and in 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME AT HOME certificate USA attending | PETER PETERSEN 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) Paul Montgomery Same Coronor INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] be retained by the hospital or attending physician. After this certificate has been signed by d be detached for use as the burial-transi state Dept, of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: udden IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO DO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not Walle at Work While at work 1966 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19.66 that (1) and that death occurred at 42 M. from the causes and on the date stated above. saw the deceased above or 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Page 4 may b Oct M.D. 22c. PHYSICIAN'S 22d, ADDRESS director, p NAME (Type) Frank Kasi 9005 Harford Road NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) 0-8-66 Lawn Croft Cemetery Penn D. REGISTRAR'S SIGNATURE nwood ADDRESS 25a. Rd FUNERAL DIRECTOR 8802 Harford 1966 VR A15 (4) F. EVANS 15M 4-64

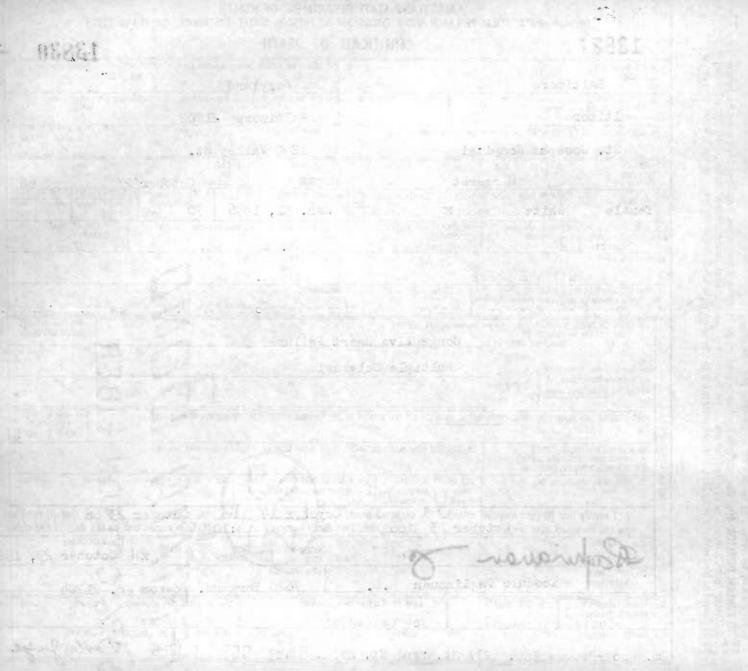
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13826 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore af, after death. MARYLAND b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and write RURAL and give negrest town Carney\_\_\_e Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? hours alang with farm St. Josephs Hospital State [ 2318 Putty Hill Road NO A Item 18. Give Pages haurs after death. 3. NAME OF First Middle 4 DATE Last Month Day Year within 72 DECEASED Natale J. Oct. 15. 1966 Montone 19 (Type or print) DEATH IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours Male White Jan. 8, 1920 WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Paving Contractor INDUSTRY COUNTRY? Baltimore, Md. any Cement Ξ Chief Medical Examiner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Antony Montone Frances Rizzo pup 16 SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na or unknown) (If yes give war or dates af service) removal pending 161-12-1918 Mrs. Rita Montone, 2318 Puttyhill Road 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: ㅁ IMMEDIATE CAUSE (a) ward This certificate shauld 260 X burial, cremation, DUE TO Canditions, if any, which gave rise to immediate cause (a). farwarded ta DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) the certificate, YES NO 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) agent, priar PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) may be retained tar your FUNERAL DIRECTOR: Page ot wark designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection -Inquiry and in my apinian Suicide the funeral directar. death resulted fram: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Charles F. OlDonnell. M Address (Street, city, tawn, ar caunty) NAME (Type) 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, . 23b. DATE THEREOF 23c. NAME OF CEMETERY\*OR CREMATORY (County) (State) 0 REMOVAL (Specify) 10/19/66 Baltimore, Md. Lorraine Cemetery Burial 4611 Park Heights Ave. Balto. Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5)

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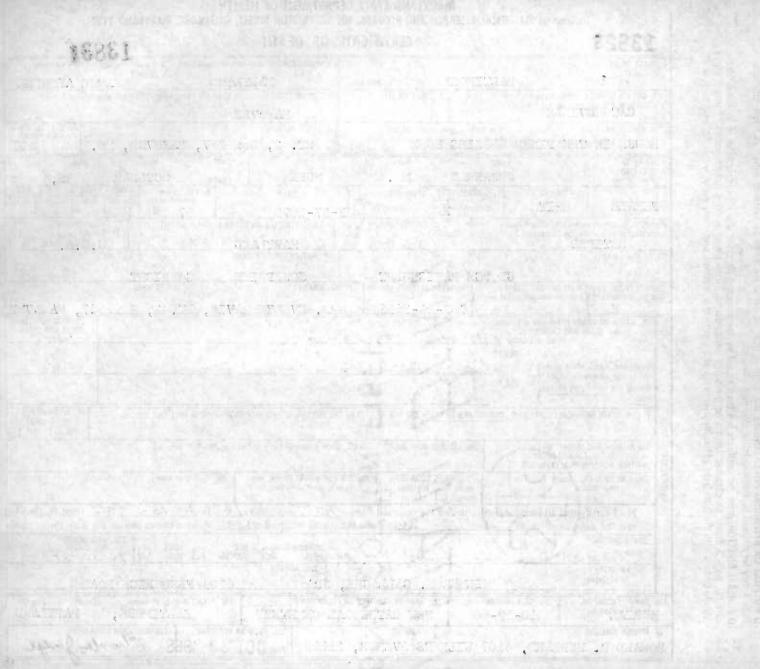
MARYLAND STATE DEPARTMENT OF HEALTH



HOWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

DATE OCT

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13829 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Maryland MARYLAND Ba Itimore CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b #21224 Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital YES NO TE 803 S. Conkling St NAME OF Middle 4. DATE Year DECEASED Nagel SR. DEATH October 66 19 John IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 80 yrs. Manths Days Hours WIDOWED -DIVORCED January 25, 1886 White Male 11. BIRTHPLACE (County & State, or fareign country) 100 LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

RETIRED

13. FATHER'S NAME COUNTRY? INDUSTRY BALTIMORE COURT HOUSE CLERK 14. MOTHER'S MAIDEN NAME SCHMIDT JOHN NAGEL CATHERINE 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) ((If yes give wor or dotes af service) 17. INFORMANT Address SAME. DOLORES E, SWINSON INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) Massive hemorrhage due to ruptured aneurysm of abdominal aorta Canditians, if any, which gave rise to immediate couse (o), DUF TO stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Severe arteriosclerosis YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. foctory, street, office bldg., etc.) Page 4 may be retained by the roll FUNERAL DIRECTOR: After ot work 21. I certify that \* This haspital) attended the deceased from October 11, 19 66, to October 14, 1966, that \* 100 (we) last saw the deceased alive an October 14. 19 66, and that death accurred at 6:00M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. October 15, 1966 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road Reynaldo Orjuela-Gomez.M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) SACRED HEART CEM 4166 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE 1

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ADDRESS

2Sb. REGISTRAR'S SIGNATURE

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BALL HONE,

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13831 CERTIFICATE OF DEATH death. physicion and completely filled in by the funeral ten please remove carbon popers. Pages 1 and oval and in my event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLINTY o. STATE b COUNTY Baltimore Maryland Bal timore MARYLAND low requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Catonsville davs Williams Avenue d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Baltimore, Maryland 21221 NO F SPRING GRO VE YES HOSPITAL. 3. NAME OF Middle 4. DATE First Last Manth Day Year DECEASED Charles Clifton Neal 19 (Type or print) DEATH October 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Manths Doys Hours Sept. 12, 1907 male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY West Virginia II S 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 299-16-6001 unknown Records: SPRING 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH Coronary thrombosis with myocardial infarction (MMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been os the prior to last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Asthma NO X for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Not While at wark Oct. 24, 19 66 that (1) 100 last 21. I certify that (1x (this haspital) attended the deceased fram. Oct. should 19 66 saw the deceased alive aract. 21 and that death accurred at M, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 10-24-66 achester DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23g. BURIAL CREMATION. REMOVAL (Specify). Burc 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR VR A15 (4) Miarles DATE 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after. Baltimore Marvland Baltimore MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page nin 72 hours a by hours Towson 9 months Towson/ Oakland = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS .O.Box 188 ON A FARM? 24 within Chesapeake Manor Nursing Home / Jobba/ Rd/// NO 3 YES within etely carbon 3. NAME OF DATE Month Middle Day DECEASED OCTOBER event, comple DEATH (Type or print) 1966 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH remove 7. MARRIED NEVER MARRIED [ last birthday) Months any and Female White WIDOWED X DIVORCED Dec. 23, 1884 = 10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? and Housewife Keyser, West Virginia U.S.A removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H. Pritts Anna Fredlock 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. Oakla Box #188 21550 0 (Yes, no, or unkown) (If yes give war or dates of service) requires that the death No 218-14-8979 Mr. W. Robert Nethken cremation, Cumberland Md the INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ed by the I. DEATH WAS CAUSED BY: MOS. physician. IMMEDIATE CAUSE (a) signed been signed the burial-tri DUE TO ARTERIOSCLEROSIS DENERALIZED Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. as CATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO V CERTIFI PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) detached for te Dept. of I this 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) State Hour a.m. Not While After p.m. 19 at work at work to Oct 0 21. I certify that (I) (this hospital) attended the deceased from. FEG 19.66. DIRECTOR: shoul and that death occurred at 93 M. from the causes and on the date stated above. 3 showith saw the deceased alive on 22b. DATE SICNED 22a. SIGNATURE page ATTENDING M.D. DIRECTOR PHYS. may HOSPITAL TO FUNERAL director, pa PHYSICIAN'S 22d. ADDRESS 22c. be NAME (Type) should (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Pikesville Maryland Burial 10-4-66 Cemeterv Druid Ridge 25a. REC'D BY REGISTRAR | 25b. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1050 York Rd. VR A15 (4) Wm. Cook-Brooks Towson Inc. DATE

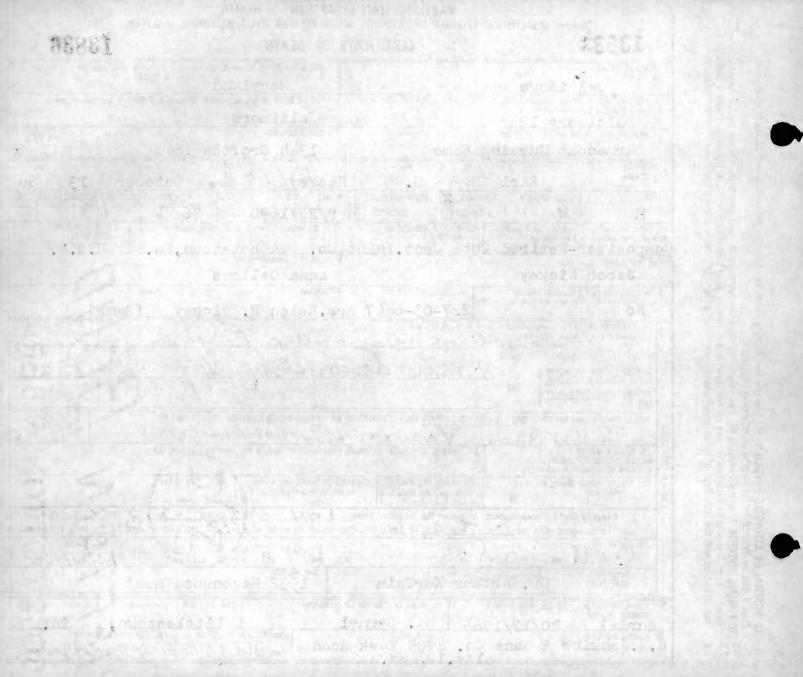
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13836 13833 CERTIFICATE OF DEATH 7 dearth. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) in by the funeral ers. Pages 1 and and PLACE OF DEATH **b** COLINTY a. COUNTY Baltimore MARYLAND ease remave carbon papers. Pages 1 and in any event, within 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Baltimore Baltimore d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled 1344 Crofton Road NO SC Armacost Nursing Home YES completely fi Middle 4. DATE Year 3. NAME OF DECEASED 66 Earl Nickey October 19 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday Months 9/24/1890 W WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast af warking life, even if retired)

Compositor-Retired INDUSTRY 20th Cent Abbotstown Pa 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Nickey Anna Dellone 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng or unknawn) (If yes give wor ar dates of service burial, crematian, ar (Same) 227-03-6407 Mrs. Helen R. Nickey INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO RTERIOSCLEROFIC CARDIO-VASCULAR Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause been s the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? has NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at work he deceased fram , 1945 to 3, 1966, that (1) (we) last 1966, ond that death occurred at 4PM, fram causes and on the date stoted above. 2]. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an OCT, 13 22b. DATE SIGNED 220. SIGNATURE STAFF DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. Arthur Karfgin Havenwood Road NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify) Mt. Carmel Littlestown Burial 25b. REGISTRAR'S SIGNATURE ADDRESS )5 York Road FUNERAL DIRECTOR W.Jenkins Sons VR A15 (4) Co.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	d. NAME	OF HOSPITAL OR II	NSTITUTION (If no	at in haspital, g	give street address)		d. STREET ADDRESS		Unit I		e. IS RE	SIDENCE FARM?
10	SPRIM	G GROVE	STATE	HOSPI	TAL		2726 B	aker Str	eet		YES	
	3. NAME O			rst	Middle		Last	4. DATE	Мал	oth	Day	Year
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	nar the death or cian. ed by the attentransit permit. , cremation, or r	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	IN	ERVAL BETWEEN SET AND DEATH
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	and and	Conditions, If any, which gave rise to immediate	(0)	5 years
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E FOUND		13837 CERTIFICATE OF DEATH	13844
24 hours after death. filled in by the funeral appers. Pages 1 and 2 nn 72 hours after death.	1.	PLACE DF DEATH a. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE Md.  MARYLAND	on: Residence before admission Baltimore
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		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8645 Richmond Ave.  8645 Richmond Ave.	e. IS RESIDENCE ON A FARM? YES NO
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attent of FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED Hour a.m.  p.m. 19   While at work	(County) (State)
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Page 10 Find dire sho	232	/ REMOVAL (Specify)	or county) (State)
90		FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. BEC19	TRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Pages 1 urs after Md. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b by .= Randallstown Baltimore bon papers. within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Marble Hall ON A FARM? Chapel Hill Nursing Home Northwood Apts Rd. NO YES completely f ve carbon p within 3. NAME OF DECEASED Month Middle 1 ast DATE Day Year DEATH October (Type or print) Grace Parker 30. 19 66 executed SEX 6. COLOR OR RACE AGE (in years | IFUNDER 1 YEAR | IF UNDER 24 HRS. emove 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Days and any Female White WIDOWED X DIVORCED ( Jan. 24, 1882 physician and please r 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be COUNTRY? Housewife USA Connecticut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physimit. Then physical Theodore B. Wright Ida J. Rawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no. or unkown) (If yes tive war or dates of service) No 220-111-88117 Mr. Winslow H. Parker Reisterstown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that tile retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 22 DUE TO Conditions, If any, which gave rise to Immediate the to DUE TO cause (a), stating the as th certificate has be thed for use as to to of Health prior underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO V 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work D.M 21. I certify that (I) (this hospital) attended the deceased from O FUNERAL DIRECTOR: and that death occurred at 2:30 MM, from the causes and on the date stated above. saw the deceased alive on. 3 sho 22a / SIGNATURE 22b. DATE SIGNED ATTENDING PHYS: STAFF PHYS. DIRECTOR M.D. Page 4 may PHYSICIAN'S NAME (Type) 22c. 22d. JADDRESS director, p BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) Loudon Park Cemetery Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Nov. FUNERAL DIRECTOR 1966 . Eline & Sons Reisterstown, Md. VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13833 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death pup the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages I and matian, or remayal and many event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Baltimore c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Josephs Hospital 5900 Fenwick Ave. YES NO 3. NAME OF Middle First Lost 4. DATE Doy Year DECEASED (Type or print) Elsie Parson DEATH October S. SEX AGE (In year 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours Feb. 22. 1900 female white WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebral Hemorrhage IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been s attending use as the lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health NO X TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this haspital) attended the deceased fram October 519 66, to October 619 66, that (I) (we) last saw the deceased alive on October 6 1966, and that death occurred a2:15aM, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING neauou Qct. 6, 1966 M.D. DIRECTOR PHYS. PHYS directar, page shauld be filed 7620 York Rd. Towson Md. 21204 22c. PHYSICIAN'S Fernando B. Canon M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 230. BURIAL CREMATION, (County) REMOVAL (Specify) ESIGERI 10 6 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page a. STATE b. COUNTY death. of Baltimore Maryland Baltimore MARYLAND Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 after XXXXXXXX LONG GREEN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs 6701 Loch Raven Blvd. Longgreen and Manner Rd. in Item 18. Give Pages YES NO Office alang with 3 NAME OF 4. DATE with the Sto within 72 I First Last Month Day Year DECEASED 19 66 P. 10-8 JACK PATTERSON DEATH with IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED SEP DIVORCED 6-8-1921 event 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Pennsylvania U.S.A ward "pending" in pencil in the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Donald Emmrick Belle Patterson 17. INFORMANT 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give war or dates af service) ar remaval Mrs. Margaret P. Reynolds, Box 434, Florida 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia due to carbon monoxide IMMEDIATE CAUSE (a)\_ e, writing the ward farwarded to the Ch burial, crematian, DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO XX 20a. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should CAUSE OF DEATH. Asphyxiated while sitting in car 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page of work at wark Parking lot 19 66 Baltimore, Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry [ and in my opinion Natural causes Accident X. Suicide , deoth resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 10-8-66 Charles S. Springate, M.D. **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23a. BURIAL, CREMATION, 10-12-66 Baltimore National Cemetery Baltimore, Maryland

2Sa. REC'D BY REGISTRAR

1956

be executed within

This certificate should

please execute the certificate.

VR A15ME (B)

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Avenue 21229

MEDICAL EXAMINER:

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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10-14-6C SIGNED MED. ATTENDING PHYS.

M.D. 22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

23a. BURIAL, CREMATION, Harrisburg Cemetery Harri
ADDRESS 25a. REC'D BY REGISTRAR 10.15.66

(State)

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J.T. Stansbury 6411 Windsor Mill Rd.

256. REGISTRAR'S SIGNATURE DATE

11/11/11 Dot Anhal ---Esqueen Transporter COST. T. WINE PORTS . NO - WITH TETAL INT . A BONCO SEED, VO. OTHER SIM . C. 1802 Bronche principalina (Aspiantion) Cuadro plegia CVA and Subarrance houserage 13 -11-01 22 -42-9 10-13- 66 General Velle Gersens 13-14-01 86 24 Citembra Pool. CESAR VALLE - CAVERO ALL AND THE COMPANY OF THE PROPERTY OF THE PRO description of the contract of the deal to shall the track the track the track of t

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY in by the fast. Pages 1 after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Manuland MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Baltimore County General Hospital 4601 Pall Mall Road YES NO death certificate be executed within completely 3. NAME OF DATE Month First Middle Last Day Year DECEASED OF DEATH event. (Type or print) 19 AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE OATE OF BIRTH emove 7. MARRIED NEVER MARRIEO last birthday) Months I Oavs Hours in any and WIDOWED OIVORCED attending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Housewife
13. FATHER'S NAME Home Russia 14. MOTHER'S MAIDEN NAME Solomon Kornsnur Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit perm or to burial, cremation, No Mr. Irvina Peltz Slade Avenue No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND OEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) erebro-Vascul **OR ATTENDING PHYSICIAN:** The law requires that the be retained by the hospital or attending physician. das **OUE TO** ASCVD Conditions, If any, which (b) gave rise to Immediate as the b **OUE TO** cause (a), stating underlying cause last. After this certificate has defacted for use as State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part 1 or Part II of Item 18.) CAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work pinods 1960. the 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the A.M. from the causes and on the date stated above. saw the deceased alive on 1966, and that death occurred at DATE SIGNED 22a. SIGNATURE 22b. STAFF ATTENDING M.O. PHYS. OIRECTOR PHYS. Page 4 may 22d. 22c. PHYSICIAN'S AODRESS NAME (Type) LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore Maruland REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REC'D BY REGISTRAR AGORESS VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Pages 1 a b. COUNTY Baltimore Maryland MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours .= Owings Mills 2 yrs. 2791 Baltimore completely filled in the carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital YES ND VE Tivoly Ave. within 3. NAME DE DATE Middle Last 4. Month Day DECEASED DF (Type or print) DEATH Joseph PENN. 10 19 Douglas Jr 66 executed 6. CDLDR DR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remo WIDOWED [ DIVORCED Male 11-3-60 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT d by the attending physician ransit permit. Then please to cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate be INDUSTRY COUNTRY? Dependent

13. FATHER'S NAME U.S.A. none Baltimore. Maryland 14. MOTHER'S MAIDEN NAME Douglas Joseph Penn, Sr. 15. WAS DECEASED EVER IN D.S. ARMED FORCES? Lena Mae Mitchell 17. INFORMANT 16. SOCIAL SECURITYNO. Address (Yes, no, or unkown) (If yes give war or dates of service) Rosewood Records, Owings Mills, Maryland none 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to Immediate as the prior to DUE TD cause (a), stating the underlying cause last. (c) certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART 1(\*) WAS AUTDPSY use for use Health PERFORMED? O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or MICIO CEBROUGI ND IV Onun Orons 20b. DESCRIBE HOW INJURY OCCURRED Lenter nature of Injury. In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) thed f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While p.m. at work L at work 64 to 10/21 1966 that (we) last 21. I certify that (this hospital) attended the deceased from 19 and that death occurred at 9:45M, 4rem the causes and on the date stated above. 19 66 10/21 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. DIRECTOR ATTENDING 10-21-66 TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p Rosewood State Hospital, Owings Mills Md NAME (Type) Crosby Greene, M.D. BURIAL, CREMATION, 23b. 23c. 23d. LOCATION (City, town or county) (State) EMETERY OR CREMATORY REMOVAL (Specify) BUTIAL 25b. REGISTRAR'S SIGNATURE FUNDRAL DIRECTOR 25a. OCT BX REGISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13845 CERTIFICATE OF DEATH by the funeral Bages 1 and 2 nours after death. The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Pennsylvania Baltimore MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b 2 Years Pittsburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) bon popers. within 72 ho e. IS RESIDENCE ON A FARM? d STREET ADDRESS Chesapeake Manor Nursing Home 1140 Wisconsin Ave. YES NO X corbon 3. NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED OCTOBER 19 66 PERRING JR DEATH (Type or print) JOHN AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED Sept. 19, 1883 7. MARRIED Hours White Male WIDOWED DIVORCED 83 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR U.S.A. during most of working life, even if retired)

Clerk Utility Company Pittsburg, Pennsylvania 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME (Not Known) Sarah John Perring 16. SOCIAL SECURITY NO. 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 0 Mrs. Husler 806 Southwick Dr. Towson, Md. 167-01-3094 no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: MEARI IMMEDIATE CAUSE (o) signed by ENERALIZED ARTERIOSCHEROSIS buriol, Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES NO IX TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not While foctory, street, office bldg., etc.) Hour o.m. ATTENDING ot work ot work L pe 21. I certify that (1) (this hospital) attended the deceased from SEPT 26, 1966, to OCT 26, 1966, that (1) (we) lost 1966, and that deoth occurred ot 8 % M, from couses and on the date stated above. saw the deceased alive on Oct 25 22b. DATE SIGNED 22o. SIGNATURE ewinste DIRECTOR director, poge 3 should be filed v M.D. 206 W. PENINA AV. TOUSON Md 22c. PHYSICIAN'S SIWINSKI NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Wellsville, Ohio Burial (Specify) Spring Hill Cemetery Oct.29,1966 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Wm Cook Brooks Towson 1050 York Road VR A15 (4) 20 M 1/66 Towson, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) BALTIMORE a. STATE b. COUNTY hours after KMXKXKX MARYLAND MARYLAND aft b. CITY DR TDWN (If outside corporate limits. C. LENGTH DE STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page write RURAL and give nearest town) 2BAL EAST SOPPAYROND 드 filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 24 GREATER BALTIMORE MED CENTER 204 EAST JOPPA ROAD ND'S YES within withi etely carbon NAME OF Middie Month Day Last DATE Year DECEASED event, 10-21 comple WARION XXXXXXX (Type or print) DEATH 19 66 H. PHILTPS executed and con 5. SEX 6. COLOR OR RACE 8. DATE DF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 7. MARRIED NEVER MARRIED Months I Days Hours any FEMALE CAU WIDOWED DIVORCED [ 6-14-82 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician pe during most of working life, even if retired) COUNTRY? MARYLAND Housewife USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending plannit. Then JESSE HARTMAN Tem. Elizabeth Marion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 10 (Yes, no, or unkown) (If yes give war or dates of service) 220-34-5190B PATIENT'S cremation, CHART the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: P al-trans RATOR IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, If any, which peen gave rise to immediate DUE TD (a), stating underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) for use Health PERFORMED? certificate NO YES . 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) r this certification detached for the Dept. of I MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at / D.M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING DIRECTOR M.D. PHYS. FUNERAL 22C. PHYSICIAN'S 22d ADDRESS director, p should be 1 NAME (Type) 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) 2 Burial Pikesville 8 Ridge Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Loring Byers-8728 Liberty Rd. Randallstown 21103 VR ALS 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Baltimore Id MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by emove carbon papers. Pag any event, within 72 hours hours Balti mor Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Shady Nook Nursing Home 1106 Wildwood Pkwy. YES NO executed within NAME OF Middle Last DATE Month Year DECEASED A. DEATH Oct. Katherine 9 (Type or print) Phillips 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED Wh 9-9-80 86 MUROWEDS 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Maryland TISA removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Late-Joseph Gott Late-Mary A. Robinson Mrs. Joshua 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. r this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or it Cockey (Yes, no, or unkown) (If yes give war or dates of service) death 1106 Wildwood INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? healas Dec 24, 1965 NO S 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) nose MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) ma Not While D FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work at work Horne OR ATTENDING be retained by , 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 12-24 1965 . to. 1966, and that death occurred at 1039M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYS. Page 4 may M.D. ADDRESS PHYSICIAN'S NAME (Type) 1129 St Paul St LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9 10-13-66 Woodlawn Cem. Baltimore Burial
24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. ADDRESS .D. -4101 Edmondson Ave. VR A15 (4) 15M 4-64

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1	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  13869  CERTIFICATE OF DEATH
d 2 should	1. PLACE OF DEATH  e. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where decaesed lived, If institution; Residence before admission)  b. COUNTY  MARYLAND
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
90	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  ON A FARM YES NO
	3. NAME OF DECEASED (Type or print) To De at L. Middle Lest 4. DATE Month Day Year OF DEATH 16 - 6 1966
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 9-18-5 IF UNDER 1 YEAR IF UNDER 24 HRS  WIDOWED DIVORCED Min.
	IDE. USUAL OCCUPATION (Give him of work done during most of working life, even if ratired)  10b. KIND OF POSINESS OR INDUSTRY  11. BIRTHPLACE (County & Stale, or loreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY  14. CITIZEN OF WHAT COUNTRY  15. CITIZEN OF WHAT COUNTRY  16. CITIZEN OF WHAT COUNTRY  17. CITIZEN OF WHAT COUNTRY  18. CITIZEN OF WHAT COUNTRY  19. CITIZE
	13. FATHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME
removal, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivewarordatasofsarvice)
burial, cremation, or rem	18. CRUSE OF DEATH [Enter only one cause per line for (a). (b), and (o)]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  Could be cause last.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH OF Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH II OF Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, streat, office bldg., atc.)  factory, streat, office bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF 19666 22b. DATE SIGN
1	22c. PHYSICIAN'S WEMCGVOTH M.D. 1303 Frenche Cetonsville
	REMOVAL (Specify) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
9	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE DATE OCT 1 0 1966 ACharley Judge
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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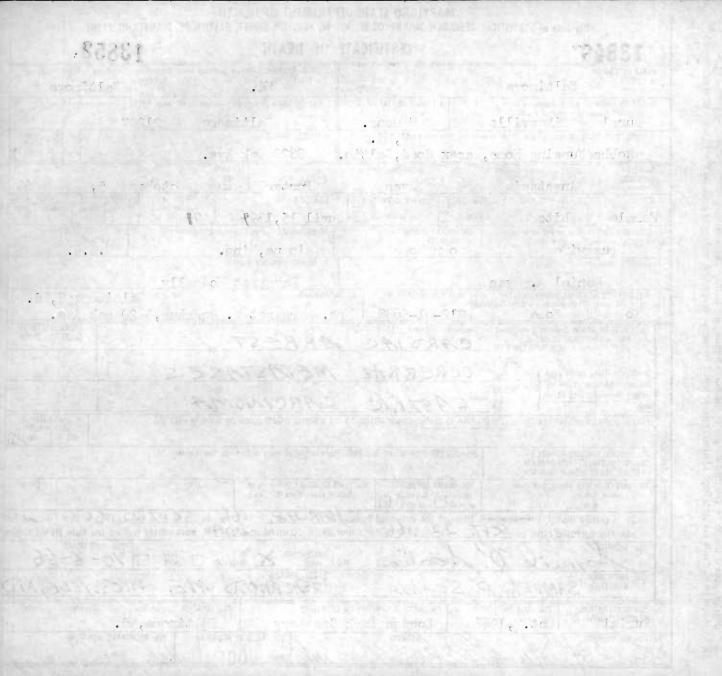
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PLACE OF DEATH     a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	nere deceosed lived, if institut b. COU	tian: Residence befare odmissia	in)
write RURAL and Rural	f outside corporote limits, give neorest town)  Fikesville	c length of stay in 16		ide carporote limits, write RU	JRAL and give neorest town)	/
		ospitol, give street oddreshid.  Basex Road, Baltio.	d. STREET ADDRESS 3820 Oa.k	âve	e. IS RESID On A FA YES	
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Doy Yea	or
(Type ar print) S. SEX			Porter  B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	er 5 19  IF UNDER 1 YEAR IF UNDER  Months Doys Hours	66 24 HRS. Min.
Female  10a. USUAL OCCUPATION during most of warking House  13. FATHER'S NAME	(Give kind af wark dane life, even if retired)	DOWED DIVORCED A  10b. KIND OF BUSINESS OR INDUSTRY OWIT HOME	Dril 15,1894  11. BIRTHPLACE (County &:  Winona, Mi  14. MOTHER'S MAIDEN NA	State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
IS. WAS DECEASED EVE (Yes, no, ar unknawn)	niel A. Ryan  RIN U.S. ARMED FORCES?  (If yes give wor or dates af serv  NOME  ATH (Enter anly ane couse per	212-01-5688 Mr	NFORMANT	t McAnally Addy V. Donahue, 38	Maltimore 7, Md 820 Oak Ave.	
Conditions, if ony, rise to immediate the under last.	e couse (o),	CARDIAC CEREBRAL GASTRIC	METAST.	MASES	ONSET AND D	
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(IF FITHER NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (	Enter noture af injury in Pa	nt t ar Part II af item 18.)		
7	RY Month, Day, Year		CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (S	State)
21. I certif	y that (1) (this hospital eceased alive an	attended the deceased fram A	t death occurred at 2	66, ta SEPT.	and on the date stated	we) la l abav
22m SICNATINE		/ // //-	1 TTT 1 D 1 1 1	NED STAFF	_ ZZU. DATE STORED	1
22a. SIGNATURE	mill o.	Scala M.	D. PHYS. D	NED. STAFF IRECTOR PHYS.	10-6-6t	>
22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATIC	Shirt -W	Scalia M.E. SCANIA  1 236, NAME OF CEMETERY OR	22d. ADDRESS 28HERNOU	RECTOR PHYS. C	PIKESVICLE,	MT tote)

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after dedt



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH 1385	ARYLAND
after death.  y the funeral.  ges and 2 s after death.	1.	PLACE DF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. STATE b. COUNTY  MARYLAND	alto.
ours after in by the Pages nours after	9	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  COO CNO  C	nd give nearest town)
24 h filled papers in 72 l		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give acreet address) d. STREET ADDRESS  406 Fairmount ceve 406 Fairmount ceve	e. IS RESIDENCE ON A FARM? YES NO
ited within completely ve carbon i event, with	3.	NAME DF DECEASED (Type or print) HETTE D. POWELL DEATH (0/1)	Day Year
executed within n and completely remove carbon in any event, with	5.	SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH 9. ACE (In years IF UNDER) 1	YEAR IF UNDER 24 HRS. Hours   Min.
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ires that the death certificate be in physician. In signed by the attending physician burial-transit permit. Then please burial, cremation, or removal; and many control of the please burial, cremation, or removal; and many control of the please burial.	13	Man Harris Mattigal	2/11
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t than. I by ransi		PART I. DEATH WAS CAUSED BY: IN YOCARDIAL FAILURE	ONSET AND DEATH
requires that the death ding physician. been signed by the atte the burial-transit permit to burial, cremation, or		Cenditions, If any, which DUE TO ARTERIOSIS	5 years
v requi		gave rise to immediate cause (a), stating the DUE TO underlying cause last.	U
The law or atto	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
ICIAN: lospital certific thed for	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  19 At Work At work	ty) (State)
NDIN ned b and build build be St	Σ	21. I certify that (I) (this hospital) attended the deceased from May 8, 1933, to 8, 1966	e, that (I) (we) last
VITEI VITEI STOR Shoulith ti		saw the deceased alive on 30 19 66, and that death occurred at M, from the causes and on the	date stated above
L OR A DIRECT STATES A SECOND		A.S. Chargaers M.D. ATTENDING MED. DIRECTOR   STAFF   Oct	3,66
SPITA Be 4 ma NERAL Ctor, p		PHYSICIAN'S Dr. A.S. CHALFANT 22d ADDRESS YORK ROAD Backle	inne, 18th
TO HC Page TO Fu dire	23:	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countermoval (Specify)	(State)
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	1D
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24 hours filled in by papers. Pa fin 72 hours	Baltimore  d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  [e. IS	RESIDENCI N A FARM?
executed within and completely remove carbon p		Year 1966
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he death c y the atten sit permit. mation, or	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  2 16-18-702 ( Husband also et al. 18. CAUSE DE DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral vascular thrombosis	L BETWEEN
law requires that tatending physician. has been signed been as the burial-tran harior to burial, cre	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Congestive heart failure  (b)  DUE TD  (c)	
CIAN: The opposite or certificate red for use for use to the set t	PEF YES   20a. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	S AUTDPSY RFDRMED? ND
y be retained by the hysis of sections of the his age 3 should be detacted with the State Depoted.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from October 20g 66, to October 23g 66, that (saw the deceased alive on October 23g 66, and that death occurred at 7:200 from the causes and on the date state.  21. I certify that (I) (this hospital) attended the deceased from October 20g 66, to October 22g 66, that (saw the deceased alive on October 23g 66, and that death occurred at 7:200 from the causes and on the date state.	ated above
TO HOSPITAL OF Page 4 may b TO FUNERAL OIL director, page should be filled	22c. PHYS. CIAN'S Teodul Per Paglinauan jr.  22d. Address 7620 York Rd. Baltimore 2120  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Phys. Director Phys. A 11-22-06  22d. Address 7620 York Rd. Baltimore 2120  23a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. A 11-22-06  23b. Director Phys. Director Phys. A 11-22-06  25c. Physician's Phys. Director Phys. A 11-22-06  25d. Address  25d. Address  25d. Address  25d. Location (City, town or county)  25d. Location (City, town or county)  25d. Location (City, town or county)  25d. Baltimore 2120	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13852CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
Fort Howard c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) days Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Veterans Administration Hospital 3107 Dillon Street 3. NAME OF 4 DATE First Lost DECEASED JOHN JOSEPH PRICE (Type or print) DEATH October S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED July 8. 1896 WIDOWED Male DIVORCED White 10o. USUAL OCCUPATION (Give kind of work done STANDARD OR during most of working life, even if retired) on the original operator, retired Oil Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

YEAR AGE (In years IF UNDER IF UNDER last birthday) Manths Doys Hours 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U.S.A JOHN PRICE PRICE KATE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 52 Clinical Reds. VA Hospital, Ft Howard, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HOLDS AND DEATH PART I. DEATH WAS CAUSED BY PULMONARY EDEMA IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave DAYS PNEUMON LA rise to immediate cause (a) DUE TO stoting the underlying couse MONTHS CEREBRAL THROMBOSIS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES A NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or tawn) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at work at wark 21. I certify that (this haspital) attended the deceased from 9/30 and that death 19\_66, to\_10/8 19\_66 that (1) (we) last and that death accurred at 1:35M, fram causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 10/9/66

M.D.

Meadowridge Memorial Park

23c. NAME OF CEMETERY OR CREMATORY

GEORGE DUDAS, M.D.

10-12-1966

23b. DATE THEREOF

22d. ADDRESS

DIRECTOR

2Sq. REC'D BY REGISTRAR

Hospital. Fort Howard,

23d. LOCATION (City or Town)

Baltimore, Md.

b. COUNTY

Month

e. IS RESIDENCE ON A FARM?

Doy

8

Maryland

2Sb. REGISTRAR'S SIGNATURE

(State)

YES NO X

Year

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CERTIFICATION

NAME (Type)

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23o. BURIAL, CREMATION,

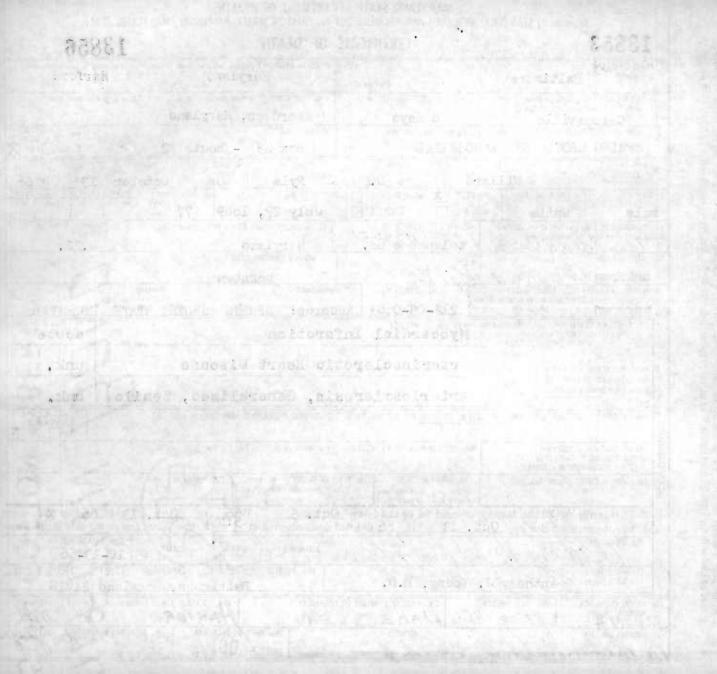
24. FUNERAL DIRECTOR

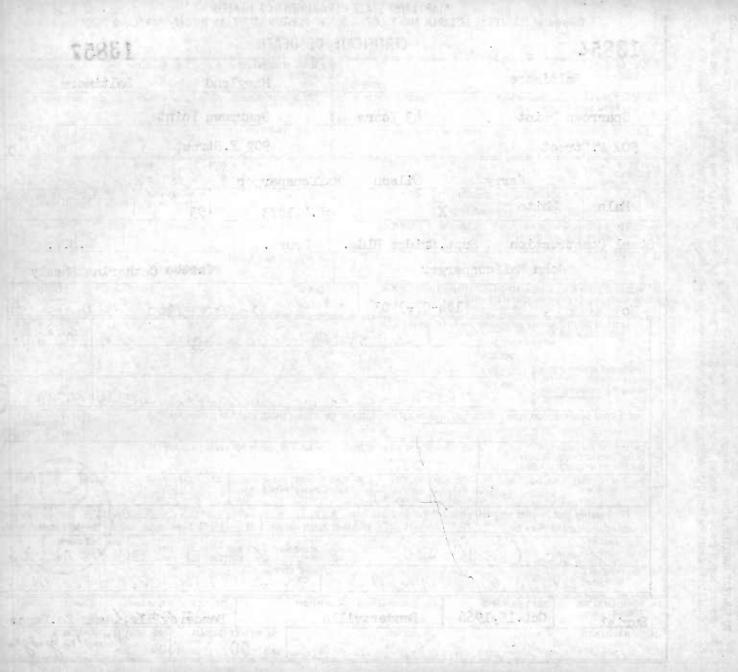
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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in sign	(		AL OR INSTITUTION (If n			d. ST	REET ADDRESS			1,000	e. IS RES	FARM?
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amp ave eve	S. 3		6. COLOR OR RACE		NEVER MARRIED		OF BIRTH		GE (In years last birthdoy)	Months	YEAR IF UND	ER 24 HRS.
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lease and	12	FATHER'S NAME	TONE LONS	rucy te.	Lephone co.		Marylar WOTHER'S MAIDEN				J. S.	
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E E	_	unknown	RINU.S. ARMED FORCES?	= 1/5 5	OCIAL SECURITY NO. 1	7. INFORM		cnown	Addr	000		
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by the attending phy transit permit. Them crematian, ar remova		PART I. DEA	EATH (Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE	(c) My	ocardial L	nfar	ction				SOFTANDS	
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7 0		21. I certi	fy that 🕮 (this has	spital) attend	ed the deceased fram	Oct	. 5	1966, ta_	Oct.	13, 19_	66 that (X)	(we) las
1 2 E			eceased alive an_	Oct. I	3 19 66, and t	hat deat	th accurred a	1 7 · 4 7 M,	fram causes			ed abav
ge 3 shauld led with the		220. SIGNATURE	Winn /	Jun	milliple.	M.D. PI	TENDING	MED. DIRECTOR C	STAFF PHYS.	10-1	3-66	
		22c. PHYSICIAN'S NAME (Type		J. Y60	ng, M.D.	2	22d. ADDRESS	SPRING Baltimo	GROVE	STATI 'yland		ITAL
director, pa shauld be fi	230.	BURIAL, CREMATIC REMOVAL (Specify		EREOF . 1966	BAME OF CEMETERY	OR CREMAT	ORY	23d. LOCA	TION (City or To	own)	County)	(Stote)
15 (4)	24.	FUNERAL DIRECTO	R. Why	-0 5	ADDRESS	<u></u>	2So. REC	D BY REGISTRAR	7 195	EGISTRAR'S SY	SNATURES	udg





MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STAR any delay is 2, and 3 to

in pencil in Item 18. Give Pages 1,

This certificate should be executed within 24 hours after death.

pending

necessary, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

and 2 with the State Department of event within 72 hours after death.

PM3. Poge the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Health or its designoted agent, prior to buriol, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 5 moy be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13859

1. PLACE OF DEATH			2 USUAL RESIDENCE (	Where deceased lived, if institution: F	Residence hefare admission)				
o. COLINTY	alto.	MARYLAND	o. STATE Md. b. COUNTY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16							
Owing	nd give negrest town) S Mills	3½ yrs.	Balt	imore 17	13.1				
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
Baro	net Road		2319 W	hittier Ave.	ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Vernel1		Lost .eaves	4. DATE Month OF OCt.	22 Year				
S. SEX		THE VEHICLE OF THE PROPERTY OF	8. DATE OF BIRTH		UNDER 1 YEAR   IF UNDER 24 HRS.				
Female	Colored	WIDOWED DIVORCED	Dec. 29, 19	01 64 yrs.	HIIII				
IDo. USUAL OCCUPATIO during most of working <b>Domes t</b>		10b. KIND OF BUSINESS OR INDUSTRY housework	11. BIRTHPLACE (Stote Nassau	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	Lee		14. MOTHER'S MAIDEN I	NAME					
15. WAS DECEASED EV (Yes no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of s		klyn Dillar	Address d, 60 W.142 St.,	New York City				
		per line for (o), (b), ond (c).)	-		INTERVAL BETWEEN				
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Hypertensive C-V I	Disease		ONST AND DEATH				
443	DUE TO								
Conditions, if on	/								
rise to immedia	ote couse (o), (								
lost.	toting the underlying cause								
			THE TERMINAL DISEASE CON	IDITION CHIEN IN DADT 1/-1	19. WAS AUTOPSY				
PAKI II. OIHEK S	SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NUTTION GIVEN IN PART 1(0)	PERFORMED?  YES NO 2				
200. EXTERNAL C PRIMARY Or CO	ONTRIBUTING 🗆	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)					
Hour o	JURY Month, Doy, Year .m. none 19		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (State)				
21. I certi	21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opinion								
			ide, Homicide						
	1	,	CHIEF MEDICAL						
ACTUAL SIGNATURE	7. 7. 60	ales		ICAL EXAMINER	22. DATE SIGNED				
	D. D. Caples	, M. D. 6 Hanover	P. DEPUTY MEDICA	EXAMINER CARSTON MICE.	10-24-66				
230. BURIAL, CREMAT		OF 235 NAME OF TEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Store)				
Bunia (Specif	0 10100	1/66 (12 hutus		4 /2 alterna	re mas				
24. FUNERAL DIRECT		ADDRESS	17 25o. REC'D		RAR'S SIGNATURE				
Arlington	S. Philling	1727 N. Monroe St	Polto 0	AT ON MORE ME	Tim No Outon				

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1	मं हिल्म	13859 CERTIFICATE OF DEATH 13861
	deat death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and accounty of the country
	hours after death d in by the funeral rs. Pages 1 and 2 hours after death	Baltimore MARYLAND BALTIMORE
	s af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH CF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	hour I in S. I	BALTIMORE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  l. e. IS RESIDENCE
	filled in 72 hours.	Reltings Parist R 1 2 77 / W 1 ON A FARM?
	thin tely on pwithin within	
	executed within 24 hours and completely filled in by remove carbon papers. Par any event, within 72 hours	(Type or print) Never E. Rendelman DEATH Of 1966
	utec ove y eve	5. SEX 6. COLOR OR RACE 7. MARRIED 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF
	and remo	MAIR WINTER WIDOWED DIVORCED 8-0-01 59 yrs.
	sician ease	during most of working life, even if retired) INDUSTRY PHILA. CA. COUNTRY?
	physi n ple val, a	13. FATHER'S NAME EXECUTIVE VENDING CO. 14. MOTHER'S MAIDEN NAME
	certifica Iding ph Then removal	Jacob Rendelman Lena wantingantingan ?
	eath certifica attending pl smit. Then n, or remova	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) (If yes give war or dates of service)
	e death certificate be the attending physician t permit. Then please lation, or removal, and	NO 1096-09-4204 MRS. RUTH RENDELMAN, 3507 LYNNE HAVEN DR.
	he y the sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
	es that the ohysician. signed by t urial-transit urial, crema	1530
	law requires that the attending physician.  It has been signed by the as the burial-transit herior to burial, crema	Conditions, If any, which ) DUE TO Calcinothia Lotton Chamber for
	ding plant p	gave rise to Immediate cause (a), stating the DUE TO (OCIOIIT)
	law r ttenc has has as as prio	Underlying cause last.   (c) (C
	2 8 8 5 E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING TO COURTED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	CIAN: The ospital or a certificate hed for use t. of Health	20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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	ING PHYSICIAN by the hospit lifter this cert be detached State Dept. of	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20g.   20g
	d by t After After d be c	
	<u> </u>	21. I certify that (I) (this hospital) attended the deceased from
	retain retain ECTOR: 3 shou with th	saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
	L OR by be DIRE	M.D. ATTENDING MED. DIRECTOR PHYS.
	PITAL 4 may ERAL I	226/ PHYSICIAN'S NAME (Type)  PALTITION COLUMN (ACC)
	ro Hospital Page 4 may o Funeral I director, pa	RALPH MORTERELL BALTIMORE COUNTY GENERAL HOSP.  23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	54 5 p.	REMOVAL (Specify) BURTAL 10/9/66 BETH TFILOH BALTIMORE, MARY LAND
	B	24. FUNERAL DIRECTOR ADDRESS 600 60 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)	to housen throof land DATE OCT 13 1966 guarde gray
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13859 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. and and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY papers. Pages 1 hin 72 hours after MARYLAND c. CITY OR TOWN (Thoutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b. write RURAL and give-nearest town) BALTIMORF e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS SURRE YES NO W NAME OF Middle Lost DATE please remave carban event, wit Month Doy Year DECEASED OF DEATH 196 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEWER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED ONKNOWN 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY signed by the attending physician burial-transit perpets. Then please RUSSIA HOUSEWIFE HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aval MORTON ZIMMERMAN LIBBY 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 7518 SHELOWOOD SCHAEFER NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 7. Greet Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 4 may be retained by the haspital ar attending has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20e. PLACE OF INJURY (Home, form, 20f. (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this hospital) attended the deceased from a little 23, 19, 6 6 to October 19 6 (that (I) (we) last saw the deceased alive as service 231900, and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF directar, page 3 should be filed v DIRECTOR M.D. PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RSTOWN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. REMOVAL (Specify)
BURTAL BAITIMORE MARYLAND GLIDAS SFARD ACHIM ANSHE 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS **QCT** 26 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 13860 death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. attending physician and campletely filled in by the funeral permit. Then please remare carbon papers. Pages 1 and on or removal, and way event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH b. COUNTY WICOMICO o. COUNTY o. STATE BALTIMORE MARYLAND b. CITY OR TOWN (If outside corparote limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 45 DAYS SALTSBURY IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 114 VAN BUREN AVENUE NO A 3. NAME OF 4. DATE First Middle Last Manth Year DECEASED OCTOBER 66 DALLAS REVELL 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED MATE WHITE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? COUNTY. MARYLAN MECHANIC GARAGE 13. FATHER'S NAME cremation, or removal. JOHN M. REVELL HESTER HITCHENS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no or unknown) (If yes give wor or dates of service) 220 32 01 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p DANSES AND DEATH PART I. DEATH WAS CAUSED BY: SHOCK DUE TO SEPTICEMIA IMMEDIATE CAUSE (o) DUE TO burial, BENIGN PROSTATIC HYPERTROPHY TEARS Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use ARTERIOSCLEROTIC CEREBERO NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor factory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram 9/9/66 . 19 saw the deceased alive an 10/24/66 19 , and that death accurred at 6:45 PM, fram causes and an the date stated above shauld 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR . Courset ATTENDING PHYS. STAFF PHYS. 10/25/66 directar, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S LAWRENCE F. AWALT, JR., M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 10/28/1966 REMOVAL (Specify) SALISBURY, MARYLAND PARSONS CEMETERY BURTAT 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Munica DATE SALISBURY, MARYLAND

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
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TTENDII etained TOR: Ai should ith the S	21. I certify that (I) (this hospital) attended the deceased from 9-29-66, 19, to 10-8-, 1966, that (I) (we) last saw the deceased alive on 10-8- 1966, and that death occurred at 8.50 PM, from the causes and on the date stated above.
AL OR ATTEN nay be retain and DIRECTOR page 3 shou filed with th	22a. SIGNATURE Raw K. Chlister  M.D. ATTENOING MED. OIRECTOR PHYS. 22b. OATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS  22d. ADDRESS
TO HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	NAME (Type) RAM KICHHILL HK Greater Balto hed. Cerrlin, Bollo My.  23a BURIAL CREMATION   23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d, LOCATION (City, town or county) (State)
5 5 5 2 %	REMOVAL (Specify)  Burial 10/11/66 Parkwood Cemetery  Balto Md  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AIS (4) 37 20M 1/65	Leonard J. Ruck, Inc., Balto., Md. 21214 OATE OCT 1 1 1966 Acharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) filled in by the furpapers. Pages 1 and 72 hours after on a. STATE b. COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write/RURAL and give nearest town) 15 town completely filled we carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 5510 NO X YES within NAME OF First Middle Last 4. DATE Month Oav Year DECEASED 30 oebuck (Type or print) DEATH 196 and con 6. COLOR OR RACE OATE OF BIRTH ACE (In years | IF UNOER 1 YEAR | FUNDER 24 HRS 7. MARRIED 9. NEVER MARRIEO last birthday) Months 1 any Oavs Hours WIOOWEO DIVORCED S 0 attending physician are ermit. Then please re-on, or removal, and in a 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? touseu Ho 13. FATHER'S NAME MOTHER'S MAIDEN NAM lliAm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attenuit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) been signed by the attraction the burial-transit permits to burial, cremation, o ukesville 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If ony, which gave rise to immediate as the prior to **OUE TO** cause (a), stating underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health certificate PERFORMEO? YES NO DO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) this certification detached for the Dept. of 1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work After at work p.m. DIRECTOR: A age 3 should lied with the 9 b 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 1. A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. / SICNATURE 22b. DATE SICNED STAFF PHYS. 10 M.O. DIRECTOR PHYSICIAN'S NAME (Type) O FUNERAL 22c. 22da ADORESS director, p 23b. OATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Soecify) eme te TIA FUNERAL DIRECTOR AOORESS 254. REC'O BY REGISTRAR 25b. REGISTRAR'S SICNATURE 1966 VR AI5 (4) DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13865 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY upletely filled in by the functions carban papers. Pages 1 creen, within 72 haurs after d Baltimore Maryland Baltimore MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Life Fullerton Fullerton d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 60 102 Linhigh Avenue Linhigh Avenue YES NO [-4. DATE 3. NAME OF First Middle Lost Month Doy Year completely DECEASED OF DEATH 10 19 66 (Type or print) Emma Roehre 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave last birthdoy) Manths Davs Hours 11-5-1885 Female and in any White WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind af work dane 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during mast of warking life, eyen if retired) **INDUSTRY** usewife Baltimore Co. Maryland housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remaval, attending phy permit. Then Joseph Punte Unknown Gilbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor ar dates of service Mrs Enden Plinee 123 Linhigh Avenue #36 213-38-6094 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY Cardio vascular Riscone IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO al Corebral Vascula Deident Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OVEN IN PART I(0) WAS AUTOPSY PERFORMED? , page 3 shauld be detached for use be filed with the State Dept. af Health CERTIFICATION NO YES TO FUNERAL DIRECTOR: After this certificate 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, affice bldg., etc.) Nat While at work at work 21. I certify that (1) (this hospital) attended the deceased from 19 to FRICE 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S elair NAME (Type) フェンフ directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Peters Cemetery Battimore Md. Co. 10-4-1966 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY BALTIMO RE b. COUNTY BACT GORE 2, and 3 to PM3. Page to of LEREXLAND MARYLAND b. CITY OR TOWN (If autside carporote limits, r LENGTH OF STAY IN 1h c. CITY\_OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMO d. STREET ADDRESS 1519 CLAIR RIDGE RO INSTITUTION (If not in bospital, give street odd (45) IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form hours NO C NAME OF 4. DATE OF DEATH ROMOSER DECEASED CTOBER within 6. COLOR OR RACE (In years IF LINDER 1 YEAR IF UNDER 24 HRS birthday) Dovs WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT BALTILLORE \_ Medical Examiner's pages executed within KNEW ROMOSER \_\_ and WAS DECEASED EVER IN U.S. ARMED FORCES? 1519 CLALR RIDGE RU removol, (If yes give wor or dates of service) 215073370 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN YOCARDEAL INFARCTION PART I. DEATH WAS CAUSED BY: 10 Word certificate should cremation, HYPERTENSIN DRIER L'OSCLE POTIC Conditions, if any, which gave rise to immediate cause (a) HEART DISEASE stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. EXTERNAL CAUSE WAS ogent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY C or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice blda., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge af the remains described above, held on Autopsy Inspection X ond in my apinion Inquiry X director. death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol 25 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ( Address (Street, city, lown, or county) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5 Milanley 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13863 CERTIFICATE OF DEATH he law reauires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral Jemave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
CATONSVILLE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SHANGRI LA NURSING HOME 734 WOODINGTON ROAD 21229 YES NO X NAME OF DECEASED Middle 4. DATE Manth First Lost Day Year OF DEATH ROND, SR. **GEORGE** 10 9 166 W. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED last birthday) Months Days WIDOWED 11-4-1887 MALE WHITE DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? U.S.A. INDUSTRY CARPENTER RETIRED VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, ALONZA ROND LOLA D. WINBORN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) MRS. HELEN C. ROND, 734 WOODINGTON ROAD 219-14-4922 NO 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use YES | NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 2Dc. TIME OF INJURY Month, Day, Year Nat While factory, street, affice bldg., etc.) at wark e deceased from Arran 1946, to Ocalo, 1966 that (1) (we) last 1966 and that death accurred at 87 M, fram causes and an the date stated abave. 21. I certify that (1) (this hospital) oftended the deceased from hara to director, page 3 shauld shauld be filed with the saw the deceased alive an\_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. X PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 104 N. ROLLING ROAD JOHN C. POUND 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (State) MARYLAND PEMPERAL (Specify) LOUDON PARK CEMETERY BALTIMORE. 10-12-66 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland 9 (2) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b 24 write RURAL and give neerest town) .= -Baltimore Pages within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Stella Maris Hospice Evergreen Avenue YES NO TE completely papers. n 72 ho 3. NAME OF Middla Last 4. DATE Month Year DECEASED OF (Type or print) DEATH carbon pa Oct. Isabelle Rosendale 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months event WIDOWED TH DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Harvland U.S.A please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 affending James R. Baxter Hannah J.Mursh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no. or unkown) | (If yes give we ror dates of service) S. self by the permit. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH risselastic Cardio Vascular Disease 0 PART I. DEATH WAS CAUSED BY: attending physici been signed IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if env. which gave rise to immediate cause **DUE TO** (e), steting the underlying burial, ceuse last. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 2 0 PERFORMED? NO T nse prior 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (Stete) fectory, street, office bldg., atc.) While Not While Hour e.m. ō et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 2-2-22, 19..., to 10-8 - 19..., that (I) (we) last 6th 1966, and that death occurred all. 05 M, from the causes and on the date stated above. saw the deceased alive on..... DATE 22e. SIGNATURE ATTENDING SIGNED death. Page 4 DIRECTOR PHYS. PHYS. M.D page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed \ 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 日前の Baltimore, Balto, Md. Rurial 10-10-66 Holy Redeemer 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1966 VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, ond in any event, within 72 hours after defifi

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	21. I certify that saw the decease	(I) (this haspital) o	attended the deceased fram	t death accurred at	9 64, ta 10/23, 19 6	that (I) (we) las
7	220. SIGNATURE	Cher	nl 17. M	D. PHYS. $\square$	MED. STAFF 22b. DA	123/66
	22c. PHYSICIAN'S NAME (Type) A	Thur C.L.	Anb.Jr.	1343W/WS		121212
230	BURIAL, CREMATION, REMOVAL SPECIAL	23b. DATE THEREOF 10-26-1966	23c. NAME OF CEMETERY OR NATIONAL MEM		23d. LOCATION (City or Town) FALLS CHURCH, VIRG	(County) (State) GINIA
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			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
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ATTE Pretain Sho	ith		saw the deceased alive on 1966, and that death occurred at M, from the causes and on 22a. SIGNATURE	the date stated above DATE SIGNED/
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Page Fu	shou	23a	REMOVAL (Specify)	county) (State)
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\/D ALE /	Wy CA		1 NOV 2 1966 KCC	ards Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13871 funeral s 1 and 2 ter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Baltimore MARYLAND and in any event, within 72 haurs after Maryland Reltimorebe executed within 24 haurs after c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b burson Baltimore IS RESIDENCE ON A FARM? d. STREET ADORESS papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊆ filled 136 S. Patterson Park Ave. NO T St. Joseph's Hospital and campletely fil 4. DATE Month 3. NAME OF Middle Oov Year OECEASEO THERESA RYBAK October 66 (Type or print) DEATH B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO last birthday) Months Days Female WIDOWED DIVORCED white 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, ar fareign cauntry) 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired)
Housewife COUNTRY? please INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME II.S.A requires that the death certificate 13. FATHER'S NAME crematian, ar remayal. UNKNOWN John Grono 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dotes af service 17. INFORMANT 16. SOCIAL SECURITY NO. permit SHOP 136 6. PA No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary thrombo-embolism. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o). DUF TO stating the underlying couse has been see as the beth the priar take last. 19. WAS AUTOPS)
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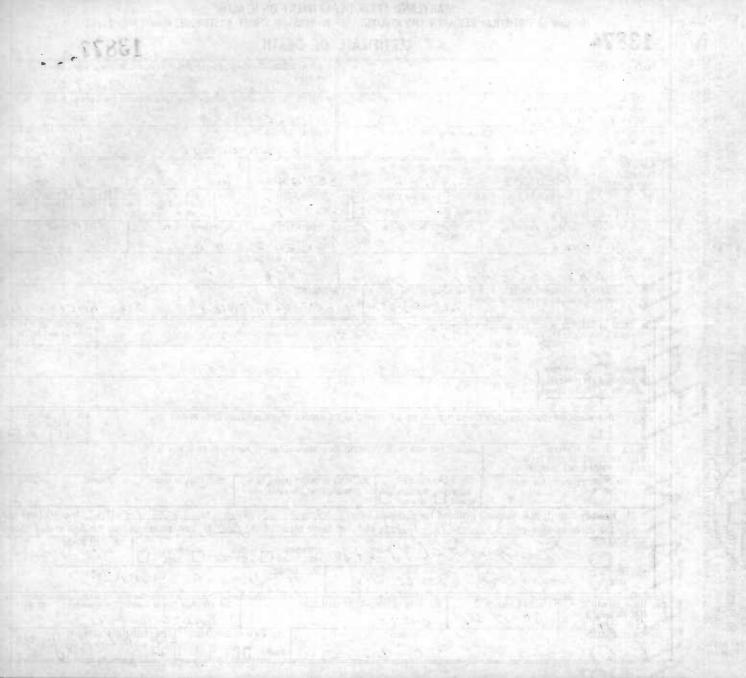
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13873 CERTIFICATE OF DEATH the funeral Pages 1 and 2 Irs after death. executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY BALTIMORE papers. Pages I MARYLAND MARYLAND the ottending physician and completely filled in by the fi sit permit. Then please remove corban papers. Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 150 DAYS FORT HOWARD COOKSVILLE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS event, within 72 YES NO IX VETERANS ADMINISTRATION HOSPITAL pau 3. NAME OF First Last 4. DATE Day Year DECEASED SANDS JR. 1966 ALEXANDER OCTOBER DEATH IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days Hours MATE NEGRO WIDOWED DIVORCED EXJANUARY 16. 1928 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? CONSTRUCTION COOKSVILLE, MARYLAND U.S.A. requires that the death certificate MAINTENANCE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, ALEXANDER SANDS BESSIE GROOM 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. VA HOSPITAL (Yes, na, ar unknawn) (If yes give war ar dates af service CLINICAL RECORDS 214 20 81 86 FORT HOWARD. MARYLAND YES KOREAN cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit MINUTES PART I. DEATH WAS CAUSED BY PULMONARY EMBOLI IMMEDIATE CAUSE (a) 4 moy be retoined by the hospital or attending physician. DUE TO signed ! Canditians, if any, which gave PRITONITIES 6 MONTHS rise ta immediate cause (a) DUE TO stating the underlying cause the PANCREATITIS WITH PSEUDO CYST 6 MONTHS last. 19. WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TY O FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar tawn) (State) 20c. TIME OF INJURY Month, Day, Year (County) Haur a.m. Not While factory, street, affice bldg., etc.) at wark at work 21. I certify that (\*) (this haspital) attended the deceased fram May 11, 1966, to October 9 1966, that (\*) (we) last saw the deceased alive an October 9 1966, and that death accurred at 6:30 M fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 10/9/66 PHYS. M.D. director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS, M.D. VA HOSPITAL, FORT HOWARD. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Bushby Park Cemetery Cooksville zille. Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) rances Luther Haight Funeral Home, Sykesville, Md.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in by the funeral vers. Pages 1 and 2 72 haurs after death. law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ALTIMORE MARYLANO b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MIDOLE RIVER MIDOLE RIVER FEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? and campletely filled ARNCLIFFE 736 ARNCLIFFE YES NO NAME OF 4. DATE carban Year DECEASED SCHAAF GEORGE 1966 (Type or print) HENRY DEATH OCT 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. 7. MARRIEO NEVER MARRIED last birthday) Months SEPT 17-1876 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? LABORER BALTO. MO 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SCHAAF ROSE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dotes of service) 212-03-8379 736 ARIVELIFFE RE MARY KLINGBIEL UNK IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13875 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH b. COUNTY o. COUNTY MARYLAND ANN ARUNDEL BALTIMORE MARYLAND remave carban papers. Pages 1 in any event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 DAYS PASADENA FORT HOWARD e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in NO K IRIS DRIVE YES 🗍 VETERANS ADMINISTRATION Middle 4. DATE 3. NAME OF Lost Doy Year First DECEASED (Type or print) 19 66 JOHN HENRY SCHTLLFARTH DEATH OCTOBER DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours FEBRUARY 8, 1895 WIDOWED DIVORCED MATE WHITE attending physician and permit. Then please rem 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY BALTIMORE MARYLAND

14. MOTHER'S MAIDEN NAME LABORER BREWERY 13. FATHER'S NAME burial, crematian, ar remaval, BARBARA LINDNER JOHN SCHILLFARTH 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) FORT HOWARD, MARYLAND 215 03 76 60 CLINICAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p ONSET, AND DEATH PART 1. DEATH WAS CAUSED BY: 1/2 YEARS IMMEDIATE CAUSE (0) ADENOCARCINOMA OF PROSTATE Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar use State Dept. of Health NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME DF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) While Not While ot work ot work FUNERAL DIRECTOR: After 21. I certify that ( (this haspital) attended the deceased fram SEPT 13. director, page 3 shauld shauld be filed with the saw the deceased alive an Oct 1. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** T 10/2/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S PETER JUVAN, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Baltimore, Maryland
RAR | 2Sb. REGISTRAR'S SIGNATURE Oaklawn Cemetery 2 Burial 2So. REC'D BY REGISTRAR 6415 Belair Road 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66\* Charles DATE 1966 JOHN C. MILLER FUNERAL HOME Baltimore. Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 and 2 death. 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after MARYLAND b. CITY OR IDWN (if outside corporate limits, write RUBA), and give nearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 21214 filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE trathmore DN A FARM? ND completely to executed within NAME OF Middle Year DECEASED (Type or print) DEATH elice AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours I Min DATE DE BIRTH nit. Then please remove or removal, and in any even NEVER MARRIED WIDOWED 7 DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? certificate be 13. FATHER'S NAME MOTHER'S MAIDEN attending phyermit. Then p e sede the attendation the sit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, en unkown) (If yes give war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTDPSY CERTIFICATION 19. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. While Not While p.m. at work at work 10/1966 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7.05 a.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) BALTIMORE MEP. 4 OIS GREATER CHIMOVI (State) 23b. DATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23a. REMOVAL (Specify) Baltimore, Md. 66. Loudon Park Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

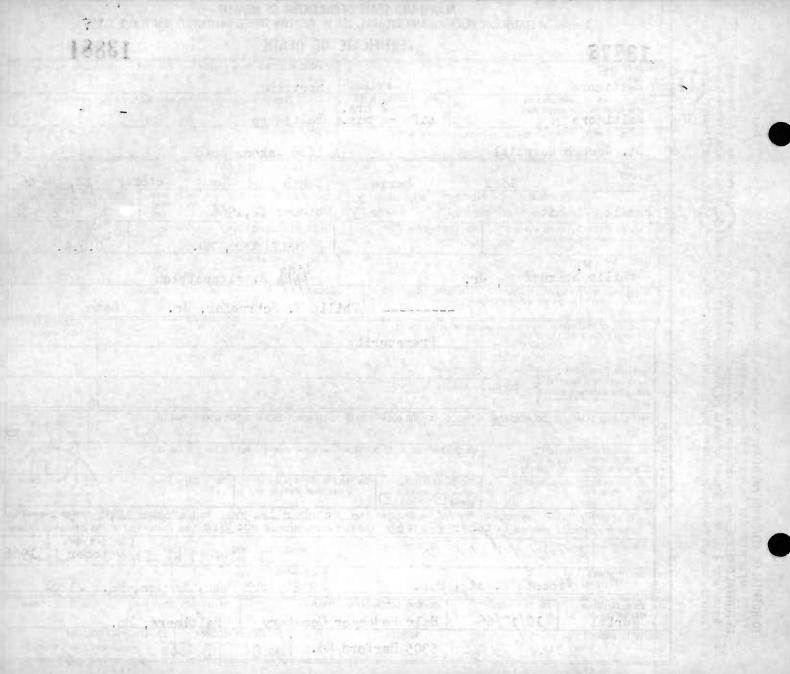
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH aw requires that the deoth certificote be executed within 24 hours after death. death, mpletely filled in by the funeral e corbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY Baltimore b. COUNTY a. STATE 6 MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Baltimore c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 -2 min. Life Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 1686 Yakona Road YES NO IX 3 NAME OF Middle 4 DATE Month First Last Day Year DECEASED Lisa October 66 Marie Schruefer 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Dovs Hours 2 October 12,1966 Female White WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast of working life, even if retired) INDUSTRY BALTIMORE. MD. 13. FATHER'S NAME W 14. MOTHER'S MAIDEN NAME Philip Schruefer R. Fitzpatrick 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dates af service Same Philip W. Schruefer. Jr. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Prematurity IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUF TO stating the underlying couse os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DOK for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While of wark at work 21. I certify that (T) (this haspital) attended the deceased fram October 12,1966, to October 12,1966, that (L) (we) last saw the deceased alive an October 12,1966, and that death accurred at 30aM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. October 12,1966 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Vicente P. Ang. M.D. 7620 York Road. Towson, Md. 21204 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Holy Redeemer Cemetery
ADDRESS 250. R 10/12/66 ore Md.
25b. REGISTRAR'S SIGNATURE Baltimore. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 5305 Harford Rd. Charles VR A15 (4) 20 M 1/66 1966 DATE OC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE after Balto Baltimore Md. MARYLAND by the CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. re-Parkville .= Parkville 10 Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? within 72 NO YES completely i executed within 3. NAME OF Middle Last DATE Month Day Year 4. DECEASED event, (Type or print) DEATH 19 66 John Schweiger October 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. | last pirthday) | Months | Days | Hours | Min. NEVER MARRIED 7. MARRIED and any 1893 Nov 30 WIDOWED DIVORCED ( 1Da. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician certificate be during most of working life, even if retired INDUSTRY COUNTRY? Gasoline St. USA Maryland Station Attend. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Ther remo Cunnigunda Deilein John Schweiger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) Family records WW 213-10-3797 Yes the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN al-transit ONSET AND DEATH this certificate has been signed by detached for use as the burial-transi Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, as (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) 9 Hour a.m. After While Not While be retained by ATTENDING at work at work 1966 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 saw the deceased alive on M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE STAFF Page 4 may 1 PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S 22d. ADDRESS 22C. director, p NAME (Type) Harford raod Aless Edward LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) REC'D BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 66 lianley VR A15 (4) C.F.EVANS & SON 8802 Harford road 19 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13881 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours ofter deoth smpletely filled in by the funeral ve carban papers. Pages 1 and-event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town)
Brooklandville Brooklandville 20 YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Brooklandville, Falls Rd. Brooklandville. Falls Rd. YES NO TX 3. NAME OF Middle 4 DATE Year DECEASED (Type or print) Robert T. Settle DEATH 23 October 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy)
57 vrs Dovs Hours Male White WIDOWED DIVORCED November 20,1908 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) Printing Co. COUNTRY? U.S.A. by the offending physician ronsit permit. Then please Cincinnati, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard G. Settle Mary J. Talbert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rd. (Yes\_no, or unknown) (If yes give wor or dotes of service) Yes World War 11 212-03-6101 Mrs. Mary Ann Settle Brooklandville, Falls 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH aremic acidosis IMMEDIATE CAUSE (o) \_ DUE TO prostatic Conditions, if ony, which gove 1963 rise to immediate couse (o), DUE TO stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? none NO X YES [ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) O FUNERAL DIRECTOR: After this (Stote) Hour o.m foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that ((1))(this haspital) attended the deceased fram Dez, 1962, ta x, 23., 1966, that (1))(we) last saw the deceased alive an X, 23, 1966, and that death accurred at 330 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS K.A. SCHIRMER NAME (Type) JOHNS HOPKINS HOSPITIFL director, 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) Oct. 25, 1966 Druid Ridge Cemetery Pikesville Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Misselen 1966 Wm. Cook-Brooks Towson Inc. 1050 York Rd. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13882 law requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove carbon papers. Pages 1 and 3 in any event within 72 hours after dealth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Baltimore 21206 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 1824 Weyburn Rd. YES NO Middle 3. NAME OF 4. DATE Manth Day Year DECEASED John October 19 66 Leroy SHAUCK (Type ar print) DEATH 9. AGE (In years 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER signed by the attending obysicion and camp hurial-transit permit. The please remove 7. MARRIED X NEVER MARRIED 24 birthday) Manths Haurs male white WIDOWED Nov. 26, 1941 DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY Bal timore, Md. Claims Authorizer Social Security 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Adm. Harry L. Shauck Frances Zukowski IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 0 14-40-1849 Harry L. Shauck, Father, above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH Terminal Carcinoma IMMEDIATE CAUSE (a) be retained by the hospital ar attending physician. DUE TO Malignant Malanoma Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO E 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur a.m factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from October 15, 19 66, to October 2419 66, that (1) (we) last saw the deceased alive on October 24 19 66, and that death accurred at 1:59 M, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING STAFF PHYS. Oct. 24, 1966 director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Antonio Razo M.D. NAME (Type) 7620 York Rd. Towson Md. 21204 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) BREMOVAL (Specify) 10/28/66 Holy Rosary Cemetery Marvland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D 8Y REGISTRAR Funeral Home, IAPORESS 21213 Brehms Lane, Balto.,

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DE TONISMON OF STATISTICAL RESEARCH AND RECORD	PARTMENT OF HEALTH S. 301 W. PRESTON STREET BALTIMORE 1 M	ARVI AND
	CERTIFICAT	E OF DEATH	288
1.	PLACE OF DEATH DULLMOLE COUNTY  1 OWSON  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Ria. STATE Persylvinia b. COUNTY )	esidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Greater Baltiure Medical Center	d. STREET ADDRESS Bux 191	ON A FARM?
3.	NAME DF DECEASED (Type or print)  First Middle Sugare Thomas	Sheridan DEATH OCA	Day Year 6 19 66
	6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER: last birthday) 78 48	YEAR IF UNDER 24 HRS. Days Hours Min.
dui	. USUAL OCCUPATION (Give kind of work done Ing most of working life, even If retired)  10b. KIND OF BUSINESS OR INDUSTRY  Linkn.		TIZEN OF WHAT UNTRY? L.S.H.
13	Thomas Sherden	14. MOTHER'S MATDEN NAME Mangaret Robine Sher	iden
(Ŷ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  WAS DECEASED EVERINU. S. ARMED FORCES?  16. SDCIAL SECURITY ND. 17.  17.  19. SOCIAL SECURITY ND. 17.  10. SOCIAL SECURITY ND. 17.  10. SOCIAL SECURITY ND. 17.  11. SOCIAL SECURITY ND. 17.  11. SOCIAL SECURITY ND. 17.  12. SOCIAL SECURITY ND. 17.  13. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	· PORFAGE, PA. 1314	INTERVAL BETWEEN ONSET AND DEATH
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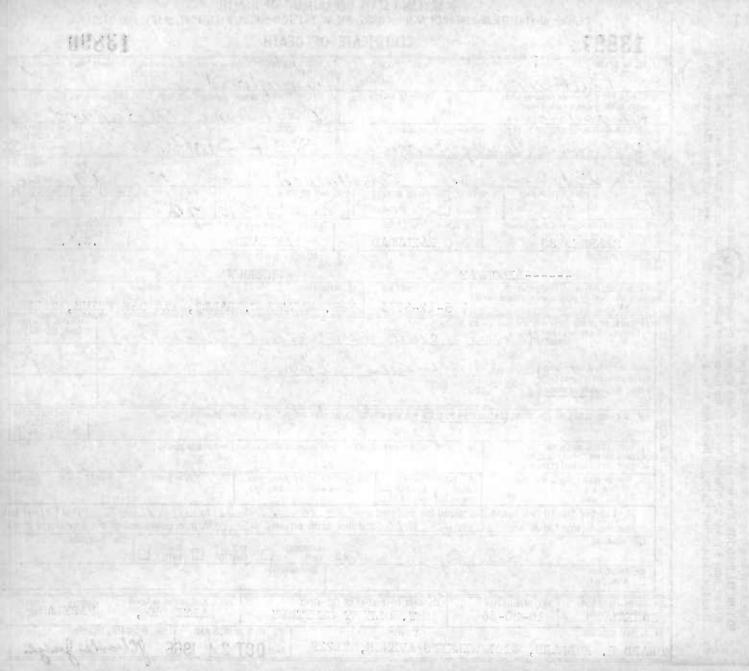
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24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Reside a. STATE MARYLAND b. COUNTY RAY	ence before admission
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certificate nding physi . Then ple removal, a	13. FATHER'S NAME ROBERT SIMMONS 14. MOTHER'S MAIDEN NAME ELIZABETH ELLEN RU	MER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  NO  Address	THE S
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at the deal ian. d by the a' ransit pern cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PEMATURITE  C	MOET AND DEATH
uires that the physician. In signed by the burial-transit burial, cremain trems.	Conditions, If any, which \ (b)	
require ding ph been s the bu or to bu	gave rise to Immediate	
law reittendir has be as th prior f	underlying cause last. (c)	
Is The land of all or att ficate had for use a Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CITY FEITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
VSICIAN: The phospital or a is certificate ached for use lept. of Health		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attendinector, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremation, or	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4	) (State)
NDIN Ded I S Af		, that (I) (we) las
TTEND etained TOR: A should ith the	saw the deceased alive on 10 120 19 66, and that death occurred at 10 PM, from the causes and on the	
AL OR ATTENIAN be retained in DIRECTOR: page 3 should filed with the	22a. SIGNATURE U. L. Roque M.D. ATTENDING MED. STAFF 10/	20/66
TO HOSPITAL Page 4 may O FUNERAL director, pa	22c. PHYSICIAN'S Lean L. ROQUE 6701 N. CHARLES ST. F	BALTO. 4
Page For Fu direc Shou	23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (SDECITY) CCT 21 1966 BREATER BUTIMORE MED CTR. 6701 N. CHARLES	BWSON (State)
K	24. FÜNERAL DIRECTOR ADDRESS CLUBBLE 25b. REGISTRAR 25b. REGISTRAR'S S.	IGNATURE 1201
VR A15 (4)	Laure J. Villson, N.D. 6701 N. CHAPLES DATE OCT 3 1 1966 Scharl	es Judge
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Z	3 14	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
U	FOR STATE	13885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13888
1 10	HEALTH DEPT.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission)
7 3	ssary, Page lles.	BALTIMORF MARYLAND STATE D. COUNTY BALTIMORT
2/		b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
W/3	is necess: irector. P your file partment	write RURAL end give nearest town)
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3		WILLIAM WOLF SIMONI OCI 7 1966
-	r death. and 3 to may be 2 with in 72 ho	NEVER MARKIED X   Isas birthday) Months Days Hours Min.
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7		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
00,	200 20	NONE NONE BALTIMORE MARMAND USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
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1		LEON SIMON  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. INFORMANT  Address
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	with with permi	NO NO MRS GERTRUDE ROBERTSON HOSZ
	executed iil in Item flong with ansit perr	18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	nould be exect in pencil in logice along Office along burial-transit n, or removal	IMMEDIATE CAUSE (a) CORONARY OCCLUSION MINUTES
	in pencil Office alo Durial-tran	4201 DUE TO 1/10===================================
	office buria	Conditions, if ony, which are to immediate cause (b) AYPERTENSIVE C. V. DISEASE 47 YRS
	ding" ding" ser's as a as a astion	(a), stating the underlying DUE TO
		eause last. (c)
	EXT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fast 1 on Part 11 on Part
		3 / RTI+RITIS - MARIE CTRUMP YES INO IX
	# 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injuly in fam I on and II of them 18.)
	5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	4500.	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While Not While at work at work at work
	DICAL EXAMPLE to the Correlation of the Correlation	P.m. 19 at work at work
	ficate, to the FOR: I d ager	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in my opinion
	DICAL  e the certifii  forwarded to DIRECTO  designated	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner .
1111	he war war Sign	CHIEF MEDICAL EXAMINER
	t of to	SIGNATURE ALL N. SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	A Be	EXAMINER'S DEPUTY MEDICAL EXAMINER
	Do DEPUTY please execute it 4 should be form TO FUNERAL D Health or its de	NAME (Type) JO /+7 14 - 3 NY DER Address (Street, city, town, or county) 6348 FREDERICKS
	Shoul shoul FUN	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	5g46T	BURIAL 10/7/66 BALTIMORE HEBREW BALTIMORE, MARYLAND
	VR A15ME	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
	5M 1/63	SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN ROMBATE OCT 10 1966 policy Judge
		Judge.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 24 hours after MARYLANO b. CITY OR TOWN (If outside corporate limits, ove carbon papers. Page y event, within 72 hours at c. LENGTH OF STAY IN 1b c. CITYOR TOWN (If butside corporate limits, write RURAL and give nearest town) write NORAL and give nearest town) d. NAME OF HOSPIJAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES executed within 3. NAME OF Middle DATE Day DECEASED (Type or print) DEATH and con remove any eve 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. lest birthday) Months Hours WIDOWED DIVORCED [ ysteran a please re and in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) working life, even if retired) removal, 13. FATHER'S NAM attending by MOTHER 'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept. (Yes no, or upkown) PHYSICIAN: The law requires that the death the hospital or attending physician. (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). OUE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** (a). stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES NO TH 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by p.m. 19 at work at work 19 5 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at M.M. from the causes and on the date stated above. saw the deceased alive on 66 22a. SIGNATURE 22b. DATE SIGNED PHYS. M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S NAME (Type) 22c. 22d. **ADDRESS** DERSHEIMER BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or equaty) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



1	3 2 3 6 2	7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
÷ =0	7		13888 CERTIFICATE OF DEATH
death.	Seat.	1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE A CALLAGA A COUNTY b. COUNTY
te te	重		DALIMORE MARYLAND MARYLAND BALTIMORE
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ited within 24 hour completely filled in ve carbon papers.	72 hc	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
hin 2 ely fi	# 00	3.	NAME OF First Middle Last   4, DATE Month   Day Year
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ate by	u, an		PATHER'S NAME 14. MOTHER'S MAIDEN NAME
Till Garage	MOM		JOHN PENNER MARY RENNER
The law requires that the death certificate or attending physician. cate has been signed by the attending physician, use as the burial-transit permit. Non his	or re	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DAVE NTEF. Address s, no or unknown) (If yes give war or dates of service) 214-22-1861 MRS. RADE - 3/12f-024NE ft - BALTE, MO 2007
dea the a	ation,	-	19. CAUSE DE DEATH (Enter only one cause per line for (a) (b) and (c) ]
t the an.	crem		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARE EN ONA OF RECTUM & CENERALIZED METRICAL (NONTES)
tha ysicia igned	rial,		$154\times$ Due to
quires	ng of		Conditions, if any, which gave rise to immediate (b)
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The lar or att	F Health p	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES  NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES  NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
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PHYSICIAN: the hospital this certifi	Dept. of		
	State De	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20m.   20m
ATTENDING retained by CCTOR: After should be	ile Si	-	21. I certify that (I) (this hospital) attended the deceased from 1964 / 4 , 1951, to 1967 / 0, 1966, that (I) (we) last
ATTE retail cros	with the		saw the deceased alive on 1966, and that death occurred a 1966. And the date stated above.
OR DIRE	filed		Edura Miland, M.D. ATTENDING MED. DIRECTOR DIRECTOR DIVING
TO HOSPITAL OR ATTENI Page 4 may be retaine for FUNERAL DIRECTOR:	should be f		22c. PHYSICIAN'S NAME (Type) EDWIN L. PIERPONT, M.O. 8204 LIBERTY RdBALTO, MD. 21207
Page Full	shoul	23a	REMOVAL (Specify)
1 1	B	24	BUCIE   WOOG AVY N   VV GOO AVY N   FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (		Ja	hnT. Stansbung 6411 Windsonm: 11 Rd. DATE OCT 13 1966 fcharles Judge
15M 4-64		00	111/1.5/21/30119 04/1/1/1/3017/1/1/4/1/4/1

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1\_MARYLAND CERTIFICATE OF DEATH after death. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY Baltimore Baltimore Maryland after MARYLANO by the Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Rodgers Forge Baltimore. Rodgers Forge = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 24 327 Murdock Murdock Rd. Rd. ND X YES | within completely NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) Francis A. Smith DEATH October 1966 6 6. COLDR DR RACE | 7. MARRIED X NEVER MARRIEO AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH (ast birthday) Months | Days and any July 19,1895 OIVORCED [ Male WIDOWED [ = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? Bull Steamship Baltimore. Md. Tresurer Co. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME removal attending p Hughes Charles A. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) 12-09-6556 cremation. WW Same 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH burial transit purial, cremati by. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed **OUE TO** been sig the buri Conditions, If any, which gave rise to immediate as the prior to DUE ID cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate NO TO YES OR ATTENDING PHYSICIAN: be retained by the hospital this cerum detached for 2Da. ACCIOENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF OF ATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_ DIRECTOR: / age 3 should illed with the and that death occurred at fr. M, from the causes and on the date stated above. saw the deceased alive on. 1966 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. AOORESS director, p NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2 Holv Cross Buria Anne Arundel FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. edefeld Home, VR A15 (4) Baltimore, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore BALTIMORE MARYT, AND

C. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) MARYLANO Department after death. funeral may be CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Sparrows Point DUNDALK 21222 EMPLOYMENT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 10 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay ne certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State Plant Dispensary - Beth. Steel Corp. 61 DUNDALK AVENUE NO K 3. NAME OF First Middle Last DATE Day Month Yeer DECEASED OCTOBER 3, 66 (Type or print) DEATH Harry 19 SNEAD Lonza 2 with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEO Months 9 yrs. MALE WHITE 190 WIDOWED 1 and event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY STEEL WRKER -STEEL MAKING VIRGINAA MOTHER'S MAIDEN NAME 13. FATHER'S NAME TINK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. I NO B ERTHA DAVIS SNEAD. WIDOW (2 ABOVE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing injuries to abdomen, burial-transit cremation, or head. IMMEDIATE CAUSE (e) with evisceration. cremation, DUE TO Conditions, If env. which (b) gave rise to immediate DUE TO cause (e), stating the used as a to burial, ( a underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. ld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) Run over by railroad cars. -2nd St. & Blast shoul 3 shou MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) While at work of work Point-Balto. Sparrows Steel DIRECTOR: Page r its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and In my opinion Accident Undetermined manner Natural causes Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ge 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE or DEPUTY MEDICAL EXAMINER AND MOTHER Address (Street, city, town, or county) FUNERAL Rd. Health please ex director. retained Melvin B. Davis. M. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 0 CHARLOTTSVILLE, VA. MONTECELLO MEM. BURTAL REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECT VR ALSME (5) DUNDALK, BRADLEY DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21234 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? St. Josephs Hospital 3103 Clearview Ave. YES | NO F 3. NAME OF Middle First 4. DATE Lost Month Year DECEASED 19 66 Edward SNYDER October (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months 11/22/1892 Dovs Hours white male WIDOWED DIVORCED 73/rs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired INDUSTRY U.S.A Bedding Business Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Snyder
WAS DECEASED EVER IN U.S. ARMED FORCES? Anna (unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service Same Anna M. Snyder 18. CAUSE OF DEATH (Enter only one couse per line for (\$\frac{1}{2}(b)\), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote)

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18. Give Pages 1, 2 along with form

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CAL EXAMINER:

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Suicide

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22 DATE SIGNED

EXAMINER'S NAME (Type) BURIAL, CREMATION,

ACTUAL

SIGNATURE

REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR

Charles F.O'Donnell, M.D. 23b. DATE THEREO!

10/10/66

23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer

23d. LOCATION (City or Town)

Address (Street, city, town, or county)

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Balto Md 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

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Leonard J. Ruck, Inc., Balto., Md. 21214

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13893 funeral i 1 and 2 ter deoth. requires that the deoth certificate be executed within 24 hours ofter deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH Maryland o. COUNTY b. COUNTY Baltimore MARYLAND papers. Pages 1 hin 72 hours ofter c. LENGTH OF STAY IN 16 2 Months c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, West and give neorest town) Baltimore XXXXXXX Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ filled Joseph Hospital 2923 Clearview Rd. NO X 3 NAME OF Middle 4. DATE Lost Month Dov Year DECEASED Dorothy J. Sofge October 12. DEATH (Type or print) burial, cremotion, or removol, and in any event DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost dirthdoy) Months Hours Female White 2-7-1900 WIDOWED X remo DIVORCED pup 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY 3 . A. during most of working life even if retired)
Retired Teletype INDUSTRY Columbus, Ohio Western Union 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Job Thomas C. Gutteridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 1725 Pin Oak Rd. 21234 16. SOCIAL SECURITY NO. Mrs . J. Schoppert 082-01-0408 no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary thrombo-embolism. IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. Conditions, if ony, which gove DUF TO rise to immediate couse (a). DUE TO stoting the underlying couse d for use os the of Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has Duodenal fistula: Ruptured diverticulum. YES K NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detoche should be filed with the State Dept. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While Hour o.m. While of work ot work 21. I certify that (+) (this hospital) attended the deceased fram August 1, 1966, to October 12, 1966, that (1) (we) last saw the deceased alive pn October 12, 1966, and that death accurred at 12:15M, fram causes and an the date stated above. p. III. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. October 12, 1966 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Reynaldo Orjuela Gomez. M.D. NAME (Type) 7620 York Road, Towson, Md. 27204 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Towson, Maryland Oct. 15. Prospect Hill Cemetery 1966 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Vm. Cook-Brooks Towson 1050 York Road VR A15 (4) 20 M 1/66 Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ath funeral death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE Baltimore Maryland Baltimore by the f Pages 1 urs after after MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Parky I I ... bon papers. Pag within 72 hours hours 8 weeks Dundalk .= d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 8202 Wilson Avenue 90 Shipway. 27222 NO POR YES completely executed within 3. NAME OF DATE Month Year First XIVE OF BE Last DECEASED OF DEATH remove carb n any event, KATTE SOFINOWSKI -SOFINOSKI October 3-66 (Type or print) 19 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SFX DATE OF BIRTH last birthday) Months Hours Jan-24-1896 Female White DIVDRCED WIDDWED - E 12. CITIZEN OF WHAT 1Da. USUAL DCCUPATION (Give kind of work done | 10b, KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) d by the attending physician ransit permit. Then please remation, or removal, and in COUNTRY? during most of working life, even if retired) INDUSTRY death certificate be Housewife Poland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Adam Brodowski Catherine Brodowski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SDCIAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) Husband, Mr. Frank Sofinowski # 2,a,b,c,d. 215-28-9320-B INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause par line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO or this certificate has been detached for use as the steep to the alth prior to cause (a), stating the underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND DOX YES DESCRIBE HDW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After Not While retained by at work at work TO HOSTITUS Page 4 may be returned TO FUNERAL DIRECTOR: After director, page 3 should by Alrector, after with the St 21. I certify that (I) (this hospital) attended the deceased from A 300 19 6 that (1) (we) last 19 66 and that death occurred at. M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SICNATURE ATTENDING PHYS. WI MI EV Oct. 4-1966 DIRECTOR PHYS. M.D. ADDRESS PAYSICIAN'S NAME (Type) 8604 Harford Rd. Balto. Md. 21214 Howard Goodinan M.D. 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Dundalk, Maryland 21222 Christ Lutheran Oct-6-1966 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR JOHN J. DUDA, Dundalk, Maryland 21222 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTYe MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 2519 North way NO X etely within NAME OF DATE **OECEASEO** Solesky 1a-(Type or print) 1966 6. COLOR OR RACE .SEX AGE (In years | IFUNDER I YEAR last birthday) | Months | Days 7. MARRIEO IF UNOER 24 HRS NEVER MARRIEO DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be most of working life, even If retired) INQUSTRY COUNTRY? Maryland FATHER'S NAME George A. Cindie Murray 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) 218-22-2516 Mr. Kenneth O. Solesky. 8125 Barksdale Rd. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH PART I. OEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate OUE TO cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES [ NO [ 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR age 3 should be siled with t 430AMfrom the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v ATTENDING M.O. PHYS. DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Moreland Memorial Cemetery 10/26/66 Balto. Md. Burial 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Leonard J. Ruck, Inc., Balto., Md. 21214 VR AI5 (4) 20M 1/65

\* 1 19 - 1 " Propry Pared 18 days Entimote 21905 Torrespon Juste - Bathinger Midweal Canter 2579 Hearth come Box we Viola Sslesky October as 66 Helen Sumportant 62 Penale white ... Cumber land, Marghant W. L. A. Homewille Zaple of Thorne A. The state of the s 218\_222216 unio, immerbull, Colomber, 3175 Enement and THE RESERVE TO A FEW REST 10/25/AC Toll seredeming interest breaming the sales of the sales Lacres W. Mich., Inc., Polton, Mr. 1921b.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13899 CERTIFICATE OF DEATH 3806 y filled in by the funeral on papers. Pages 1 and 2 yithin 72 hours after death. requires that the deoth certificate be executed within 24 hours after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Md. b. COUNTY Baltimore PLACE OF DEATH o. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson 21204b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL productive degrest town) BAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? # in any event, within 72 1014 Dulanev Valley Rd. Chesapeake Manor Nursing Home 90 NO 3. NAME OF carbon First Middle 4. DATE Lost Month 1966 Year Margaret Elizabeth Spangler DECEASED (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years 409 birthdoy) Months 6-3-1913 Hours F. Cauc. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of parking life avenuit setired) INDUSTRY Baltimore, Md. COUNTRYD S . A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Schlereth Ella R. Selby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service George W. Spangler, Sr. Towson, Md. 21204 50 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line force), (b), and (c). signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) foctory, street, affice bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased from March 1, 1966, to October 30, 1966, that (1) (we) lost saw the deceased olive an October 39, 1966, and that death occurred at 430 M, from causes and an the date stated abave. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (SPECIFY) 11-1-66 Dulaney Valley Timonium, Balto. Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNDAL DIGGOOK-Brooks Towson ADDRESS 2So. RFC'D BY RFGISTRAR VR A15 (4) 20 M 1/66 1966 Towson, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE BALTIMORE 24 hours after MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH CF STAY IN 1b LANS DOWNE CATONSVILLE 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MANOR NO YES bon p completely NAME DE First Last DATE Month Day Year Middie DECEASED NANNIE 5 PRAGUE DEATH OCT. (Type or print) 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS SEX 9. NEVER MARRIED last birthday) Months I Days FEB. 12, 188 and WIDOWED DIVORCED [ = 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY HOUSEK EEPER He ME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RISDON N N G DAIL 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or wikown) (If yes give war or dates of service) LOWELLDENE. cremation, the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH ned by I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Conditions, If any, which gave rise to Immediate the DUE TO cause (a), stating the prior underlying cause last. 38 WAS AUTDPSY 19. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part ii of Item 18.) detached for the Dept. of I (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: 6 L. and that death occurred at BL M, from the causes and on the date stated above. 3 showith saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. M.D. DIRECTOR PHYS. Da director, pa 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A.15 (4) 20M 1/65

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	22a. SIGNATURE	TENDING MED. STAFF 22b. DATE SIGNED
may be RAL DIR.	M.D. PH	IYS. DIRECTOR PHYS. DIVING 1466
PIT 4 PIT	NAME (Type) W. W. Elgind	Sheppard Pratt Hosp. Towson, Mel
Page of FUN directs	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CF	REMATORY 23d. LOCATION (City, town or county) (State)
	24. FUNERAL DIRECTOR ADDRESS	1 25a. REPO BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
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IAL OR ATTENION boy be refained AL DIRECTOR: A poge 3 should e filed with the			22a. SIGNATURE	Hella M	vachs	ler	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 10-14-	
RAL Di	1		22c. PHYSICIAN'S NAME (Type)			Ler, M.D.			SPRING Baltimor			HOSPITAL 228
TO HOSPITAL OR ATTENDE Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	0	230	BURIAL, CREMATION,	23b. DATE THE	7,1966	BOSLEY	ETERY OR CE	EMATORY	23d. LOCA	TION (City or Town	n) (Caun	
VR A15 (4)	3	24	FUNERAL DIRECTOR	11.11.1	1	ADDRESS			C'D BY REGISTRAR	2Sb. REGI	ISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13901 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. the ottending physician and completely filled in by the funeral sit permit. Then please femove corbon popers. Pages I and matern at removal matern any event, within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland CAlvert b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Catonsville 15 yr 12days South Chesapeake Beach, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL YES 🗌 330 S. Newkirk Avenue NO [ 3. NAME OF First Middle 4. DATE Lost Doy Year DECEASED Alice Stone October (Type or print) DEATH S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) 74 yrs. Manths Doys Hours 5c WIDOWED DIVORCED June 20, 1892 female white 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME xxxxxxxx Gertrude Yarnel WXXXXX William J. Foringer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknawn) ((If yes give wor or dates of service) 219-54-3439 Records: SPRING GROVE STATE cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

A C11 T. PROPERTY OF STATE OF THE PROPERTY OF STATE O INTERVAL BETWEEN buriol-transit ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) signed by Arteriosclerotic heart disease DUE TO burial. Severe, generalized arteriosclerosis Conditions, if ony, which gove rise to immediate cause (a), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the prior to stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use MFDICAL CERTIFICATION detached for use te Dept. of Heolth YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) at work at wark 21. I certify that (\$ (this haspital) attended the deceased from 20t. 24 19 11 to Oct . 19 , 1966 , that (1) (week last 19.66, and that death accurred at 2:40 M, fram causes and on the date stated above should saw the deceased alive an Oct. 19. 22o. SIGNATURE 22b. DATE SIGNED MED. ATTENDING 10-19-66 DIRECTOR PHYS. PHYS. ed 22d. ADDRESS SPRING STATE HOSPITAL GROV E 22c. PHYSICIAN'S NAME (Type) Allen Lane, M.D. Baltimore, Maryland director, should be 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify)
BURIAL Venago Co., Pennsylvania 10-22-66 Franklin Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Milarley Judge Howard H. Hubbard, 4107 Wilkens Avenue, 21229 20 M 1/66 DATE A

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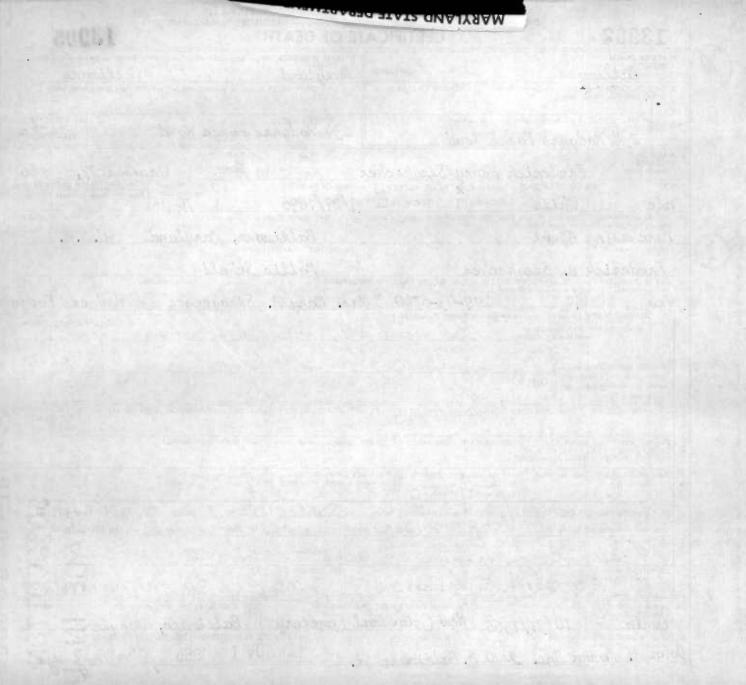
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ON A FARM? YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13903MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH
o. COUNTY BALTIMORE USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE MARY LAWS b. COUNTY Jo. death. MARYLAND Deportment b. CITY OR TOWN (If out CATONSVILLE) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ALTIMORE BALTIMORE 21222 MONTH d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2 BOI KELMO RE hours RING GROVE STATE HOSP. NO This certificate should be executed within 24 hours ofter death. OCTOBER (Type or print) DEATH within 7. MARRIED Jast brithdoy) Hours event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if regired) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Yeast INDUSTRY PEN WSYLVANIA .⊑ the Chief Medicol Exominer 14. MOTHER'S MAIDEN NAME
Rosalia Schoenwalder pencil 13. FATHER'S NAME Eugene Sullivan Sr. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removal 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH CID crematian, or IMMEDIATE CAUSE (o) writing the word DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? ALCOHOLES W SCHI'ZO PHRENIC NO C Health or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge 1966 pleose execute ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection S and in my apinian death resulted from: Undefermined monner the funerol director. Noturol couses Accident Suicide X Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE A S S DEPUTY MEDICAL EXAMINER E. KASAITI NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, Oct-21-1966 Baltimore National Frederick Rd. Baltimore. Md. **ADDRESS** 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOHN J. DUDA. Dundalk. Maryland 21222 VR A15ME (5)

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JOHN T. JEDA, Amendia, Largement 11920

FOR STATE HEALTH DEPT. TO DEPUTY: CAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the factor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMC. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 4 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event whom 72 hours after death.

> VS. A15ME 5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13907

1. PLACE OF DEATH  o. COUNTY		eased lived, It institution: Residence before edmission
MARYLAND MARYLAND	a. STATE	b. COUNTY Lallo
b. CITY OR TOWN (if provide corporate limits, write RORAL and two barest fown)	c. CITY OR JOWN Of byfide corpor	ala limits, writa RURAL and give neerest town)
The rolling 40 um	Dallo	,
d. NAME OF HOSPITAL OR NSTITUTION (il nol in hospital, five steet address)	d. STREET ADDRESS	O . IS RESIDENCE
3309 John KO.	3309 Johna	YES T NO
3. NAME OF First Middle	Last 4 DATE	Month, Dey Year
(Type or print) MADELINE (NMI)	ay LOR DEATH	O.et 12 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: lest birthday) Months Deys Hours Min.
Tem   WIDOWED   DIVORCED		x37 66.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stata or foreign coun	12. CITIZEN OF WHAT COUNTS
13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	NOA,
Richard ParsT,	14. MOTHER'S MAIDEN NAME	ET EMBERLY
	NFORMANT	Address
(Yes, no, or unknym) (Ifyesgivawarordelesofservica) 214-20-6824	mary troo	e 9534 Burlon
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- CK. V - 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Welcose Veralic	- Atalovascul	V DISEASE ONSET AND DEATH
L/ X DUE TO		
Conditions, if any, which (b)		
gave rise to immediata cause (a), stating the underlying  DUE TO		
causa lest. (c)		
PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
13 Hypertension & Ophi	osclerosus 1	YES NO
PART II. OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO SEATH BUTNED  206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO COURSE (I)  CAUSE OF DEATH.	Enter natura of injury in Part I or Part II of it	em 18.)
	CE OF INJURY (Homa, ferm, † 20f. (City of	or town) (County) (State)
	ory, street, office bldg etc.)	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection	, Inquiry , and in my opinion
death resulted from: Natural causes Vin Accident (1) Suic		etermined manner
The state of the s	CHIEF MEDICAL EXAMINER	
ACTUAL DICAUK, W	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER	10/12/66
EXAMINER'S Frank T. Kasik, Jr.	Address (Streat, city, town, or co	, , , , , , , , , , , , , , , , , , , ,
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATIO	ON (City, town, or country) (State)
REMOVAL Specify 10/15/66. Moreland Memo	rial Cem. Bal	timore, Md.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRA	R 24b. REGISTRAR'S SIGNATURE
Leonard J. Ruck Inc. Balto. Md. 21214	2.ACT 1 9 10	acc ochania ludge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13905 the attending physician and campletely filled in by the funeral sit permit. Then, please remove carban papers. Pages 1 and 2 nation, or remayar, early nany event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? YES NO E 3. NAME OF Middle DATE Dov Year DECEASED 1960 DEATH (Type or print) IF UNDER 1 YEAR DATE OF 7 MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done. 11. BIRTHPLACE (County & Stote, or foreign country during most of working life, even if retired) INDUSTRY COUNTRY? At Home Housewike. Poland LICA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Esther Abraham Weinstein WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Beatrice Yoffe. 806 Hopewood Road #8 12-28-0740A No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUF TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar ta l O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) af Health NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram\_ JVK . 1966, that (1) (we) last 6 sta 130 19 6 6, and that death accurred at STM, fram causes and an the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 3,501 NAME (Type) EUN 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Maryland Baltimore Workmen Circle 10/31/66 Surial REC'D BY REGISTRAR REGISTRAR'S SIGNATURA 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Sol Levinson & Bros Inc. 6010 Reisterstown

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13906 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STAYFId. · Baltimore b. COUNTY ltimore PM3. Page af death. MARYLAND and 3 1 Department b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Towson haurs after lowson d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm Give Pages 1, 506 Yarmouth Road Jarmouth Road NO YES 24 haurs after death. Office alang with 3. NAME OF 4. DATE Day Year within 72 DECEASED 1966 Kose (Type ar print DEATH with 1 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED birthdoy) Months 8-10-1870 Dovs WIDOWED Item 1 event 10n IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY O. West .⊆ d "pending" in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME This certificate shauld be executed within inda Spangler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) (If yes give war ar dates of service remayal permit )ame 1B. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH crematian, ar IMMEDIATE CAUSE (a) e, writing the ward forwarded ta the Ch DUE TO Conditions, if ony, which gave rise ta immediate couse (a), DUE TO stoting the underlying couse D last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate NO agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour o.m factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection -Inquiry and in my apinian funeral directar. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINE SIGNATURE TO DEPUTY Health or i may be necessary, DEPUTY MEDICAL EXAMINER EXAMINER'S F. O'Donnell, M.D. Charles NAME (Type Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) BURIAL, CREMATION 23d. LOCATION (City or Tawn) 0 ireenmount emeteru 24. FUNERAL DIRECTOR VR A15ME (5) Ruck, Inc., Balto., Md.

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200	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
			13907 CERTIFICATE OF DEATH	13910
	The law requires that the death certificate be executed within 24 hours after death or attending physician. It is a steen signed by the attending physician and completely filled in by the fraction use as the burial-transit permit. Then please remove carbon papers. Pages and 2 in use as the burial, cremation, or removal, and in any event, within 72 hours after death	1.	a. COUNTY BALTIMORE MARYLAND BALTIMO	RG /
	in by the Page hours a		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Towson  C. LENGTH CF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL  MoNKton  2///	03-1
•	y filled papers hin 72	-6	GREATER BAHO Medical Center Big FAlls Road	e. IS RESIDENCE ON A FARM? YES NO C
	executed within 24 hours in and completely filled in by remove carbon papers. Pagin any event, within 72 hours	3.	(Type or print) MARSHALL WM Thomas Se DEATH OUT	2 9 19 66
	and con		SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years list birthday)   Months   1	Days Hours Min.
	eath certificate be es attending physician a emit. Then please ro on, or removal, and in	du	MAINTENANCE DIECRAFT INC BALLMONG MARY CANA	OUNTRY?
	ertificat ling phy Then p		John Thomas MAMIE Johnson	
	attend attend ermit.	0	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) 2/8-12-2399 wife Monkton Bolls Co	Md.
	requires that the death c ding physician. been signed by the atten the burial-transit permit. or to burial, cremation, or i		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERIOR	ONSET AND DEATH
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	aw requirements been as the ben prior to t		gave rise to immediate cause (a), stating the underlying cause last.	
	certificate has bed for use as hed for use as to of Health prict.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	certification of H		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
		MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4	inty) (State)
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	TO HOSP Page 4 TO FUNER director should b			to, co, rud.
	VR AI5 (4) 20M 1/65	2	4. FUNERAL DIRECTOR 100 - 1291 M. Cullub St. DATE NOV 1 1956 JCha	is signature
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13908 requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND Washington remave carban papers. Pages I in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) write RURAL and give nearest town)
TOWSON Keedvsville 15 Months d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ARMACOST NURSING HOME YES NO X and completely fi NAME OF Middle First Last 4. DATE Manth Day Year DECEASED MYRTIED THOMAS OCT. 1966 DEATH 11. (Type or print) AGE (In years IF UNDER 1 YEAR | 1F UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last hirthday) Months Haurs May 6, 1869 X WIDOWED DIVORCED FEMALE WHITE 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
Housewife 11. BIRTHPLACE (Caunty & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? U. S. A. attending physician opermit. Then please INDUSTRY PE Rural Keedysville, Md. Own Home 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remoyal E. Annie Hess Aaron F. Baker Pittsburgh, Pa. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service permit. 220-44-4364 Paul B. Thomas, Jr. 165 Thornberry Dr. No . INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Conditions, if any, which gave rise to immediate cause (o). DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. While Not While at wark , 19 O.C. to , 19\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 66, and that death accurred at SOFM, from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS FRANCIS W. GLUCK 100 W. UNIVERSITY PARKWAY NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, REBOYN (SACTIFY) Boonsboro Maryland 10-14-66 Boonsboro Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE OC John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND Pages irs aft b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) p filled in by papers. Pag in 72 hours write RURAL and give nearest town) hours OW SON ALTMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE BALTINGEE MEDICAL GENTER ON A FARM? 825W. CROSS STREET YES NO CHARLES etely withi pou NAME OF First Middle 4. DATE Month Day Year DECEASEO event, comple ve cart OCT EVELYN THOMPSON (Type or print) THELMA DEATH 1966 and con remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done sician lease r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Home Vsi death certificate FATHER'S NAME B OWREY been signed by the attend the burial-transit permit. It to burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes nive war or dates of service) A'O HISTOR 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? The NO YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from ACC. DIRECTOR: 19 66, and that death occurred at 5.0 mM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** 10 000 PHYS. DIRECTOR HOSPITAL PHYSICIAN'S 22d, ADDRESS director, p (State) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) 2 EERIOL 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRES8 25a. REC'D BY REGISTRAR VR A15 (4) DATE 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed livad, If institution: Rasidance bafore edmission) PLACE OF DEATH e. COUNTY Balto. . SMaryland BaltimoreMARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
Woodlawn 19 yrs Woodlawn within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS papers. Pag in 72 hours a . IS RESIDENCE ON A FARM? 6415 Kriel Ave Balto 7. Md. 6415 Kriel Ave. Balto. 7. Md YES NO 3. NAME OF First 4. DATE DECEASED OF Sallie M. Timanus Oct. DEATH 16 (Typa or print) 19 66 carbon event, with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months female white certificate April 11, 1885 WIDOWED T DIVORCED [ ove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machine Operator hat manufacturing Balto. County Md. U.S.A. please .5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Kinsey Petticord Rebecca removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) (If yes give war or detes of sarvice) PHYSICIAM.
the hospital or attending physician. Mrs Mildred Engel 6415 Kriel Ave, Balto 7, Md. DIRECTOR: After this certificate has been signed by 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geva rise to immediate cause (a), stating the underlying the cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED? prior for use NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, ferm, ! 20f. (City or town) (County) (Stata) ō factory, straat, offica bldg., etc.) Not While Hour e.m. at work p.m. 99 21. I certify that (I) (this hospital) attended the deceased from........ 19(.C., that (I) (we) las pinous saw the deceased alive on.. ATTENDING FUNERAL page with th bd DIRECTOR PHYS. Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thomas G. Abbott ector, Filed Liberty Heights & Hillsdale Ave. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 5 8 REMOVAL (Spacify) Bosley Meth. Church Cemetery Sparks Md. 10/19/66 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE 20M 5-63

MARYLAND STATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY filled in by the fundaments. Pages 1 shin 72 hours after or Baltimore Md. Balto. MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? 24 Lill Main Street hall Main Street YES NO X ve carbon p completely 3. NAME DE First Middle Last DATE Month Day Year DECEASED DEATH MacDonald 19 66 October Tracey (Type or print) 6. COLOR OR RACE | 7. MARRIEO | NEVER MARRIEO 5. SEX OATE OF BIRTH remove AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days any and Male White Aug. 10, 1889 WIDOWED | OIVORCED [ .= 10a. USUAL OCCUPATION (Give kind of work done physician n please r 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? Retired Hotel Clerk Balto. Co. Md. USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph remova Jarrett Tracey Elizabeth Duce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Ruth E. Tracey Reisterstown. Md. No 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: **ATTENDING PHYSICIAN:** The law requires that th retained by the hospital or attending physician. Coronary Thrombosis IMMEDIATE CAUSE (a) OUE TO Cenditions. If env. which Arteriosclerotic C.V. Disease vears gave rise to immediate OUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO XX YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) stached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from December 219 should ith the P 61 to Oct 2 . 1966 that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on Sept. 1] 1966 and that death occurred at LPPMrom the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. STAFF PHYS. 10-3-66 Page 4 may b M.D. OIRECTOR . FUNERAL PHYSICIAN'S 22d. AOORESS director, p NAME (Type) Martin E. Strobel, M.D. Main St.Reisterstown, Md. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 1966 Loudon Park Cemetery Baltimore Md. Burial Oct. 24. FUNERAL OIRECTOR AOORESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE F. Eline & Sons Reisterstown, Md. VR A15 (4) 20M 1/65

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	r death.	funer 1 and er deat		1. PLACE OF DEATH a. COUNTY Baltimore County  MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE b. COUNTY	Residence before admission)
	rs after	letely filled in by the furbon papers. Pages 1 st., within 72 hours after d		b. CITY OR TOWN (if outside corporate limits, write RURA and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURA	L and give nearest town)
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		ithin	-	Mount Wilson State Hospital 1/4 Maffett St.  3. NAME OF First Middle Last NA DATE Month	YES NO
	executed within	completely ve carbon event, with		3. NAME OF DECEASED (Type or print) HZY/ And/Y TREADWAY DEATH 3 /0	23 1966
	uted			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IFUNOE last Dirthday) Months	R 1 YEAR   IF UNDER 24 HRS.
	exec	ysician and con please remove I, and in any eve	-	Male   White   widowed   Divorceo   10-13-0   59 yrs.	CITIZEN OF WHAT
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	dea	et o it	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	that the death certificate be	i priyatoral n signed by the attend burial-transit permit. burial, cremation, gen	Н	PART I. DEATH WAS CAUSED BY: Bundwaling Carrinoma with	ONSET AND DEATH
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	ulres	en si en si bur		conditions, If any, which gave rise to Immediate (b) Truttastasis to live.	6 morde
	red	s the		cause (a), stating the ULE TO underlying cause last.	
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	FILTAL OR ATTENDING PHYSICIAN: The law requires that t	Tage 4 may be retained by the hospital of attentions of <b>Truckal OlfECTOR:</b> After this certificate has been director, page 3 should be detached for use as the bashould be filed with the State Dept. of Health prior to be			ounty) (State)
	NIO	Aft Id b		21. I certify that (I) (this hospital) attended the deceased from OCT . 19 , 1966, to CCT, 23, 19	66, that (I) (we) last
	TEN	Shou		saw the deceased alive on 6 A 2 3 19 66, and that death occurred at 6:3 4M, from the causes and on	the date stated above.
	OR A	IREC Se 3		ATTENDING MEO. STAFF	nf 23.66
	TAL	MAL O		22c. PHYSICIAN'S   22d. AOORESS	20, 52, 60
	HOSPITAL	UNER Sector		Wm. Newcomer, M.D. & Superintendent Mount Wilson, Maryland	
	TO HOS	E E E		230. BURIAL CREMATION, 23b. OATE THEREOF BURIAL (Specify) 10/26/66. GILPIN MANOR MEMORIAL PARK, ELKTON,	MD.
	\/D	A15 (4)	0	24. EUNERAL DIRECTOR & HICKS 4 EOFT 1 25a. REC'O BY REGISTRAR 25b.	r's signature
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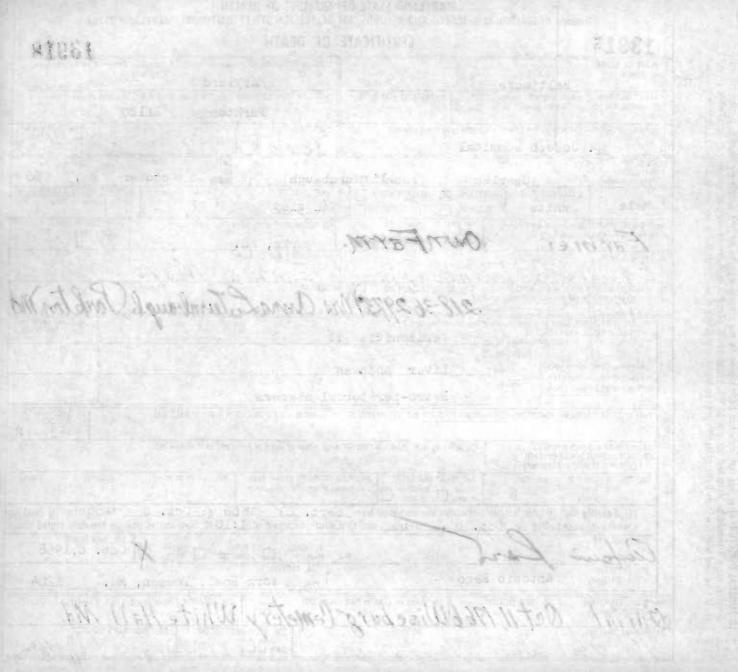
No-10-7300 Recerds Nt. Wilson State Hospital

Mandeman, M.D. Kaupar intendent Mount Wilson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3914 and 2 requires that the death rear ficate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). filled in by the funeral papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MARYLAND burial-transit permit. Then please remave carbon papers. Pages I burial, cremation, ar remaval, and in any event, within 72 haurs after Baltimore Md. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 21218 Baltimore Baltimore IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Josephs Hospital NO D 1635 Argonne Drive 3. NAME OF First Middle 4. DATE Lost Year DECEASED October 66 Trociuk 19 Sophia DEATH (Type or print) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Dovs Hours Jan. 8. 1920 DIVORCED WIDOWED and 10o, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician RYLAND Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 35 ARGONNE L INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hepatic Coma IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Broncho- Pneumonia Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse has been far use as the prior to last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached tar use shauld be filed with the State Dept. of Health NO X this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work FUNERAL DIRECTOR: After Sapt 16 , 19 66 , ta Oct. 3, 19 66that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 19 66, and that death accurred at 8.25 M, fram causes and an the date stated above. saw the deceased alive an Oct. 3 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Oct. 3.1966 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road Singzon Jaime 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, NOSARY UCT. EME 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR STREET DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13915 law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryland Baltimore MARYLAND 72 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, C LENGTH OF STAY IN 1b write RURAL and give nearest town) Parkton 21120 03.1 e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) St. Joseph Hospital YES NO event, within 4. DATE 3. NAME OF First Middle Last Month Day Year remave carbon the attending physician and campletely sit permit. Then blease remave carbon DECEASED 19 66 October Frankli Murnbaugh Charles (Type or print) DEATH 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours Male White 4-23-92 WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sparks. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECOR (Yes, no, opupknown) (If yes give wor or dates of service crematian, CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritonitis IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave Liver Abscess rise to immediate cause (o). DUE TO stoting the underlying couse has been use as the Retro-peritoneal abscess last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO K O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Haur a.m. Nat While at wark L ot wark 21. I certify that (I) (this haspital) attended the deceased fram Sept. 20 , 19 66 , to Oct. 8 . 19 66, that (I) (we) last saw the deceased glive an Oct. 8 1966, and that death accurred at 1:10 M, fram causes and an the date stated above. 22b. DATE SIGNED Oct. 8,1966 22d. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Antonio Razo NAME (Type) York Road. Towson, Md. 21204 7620 director, shauld NAME OF CEMETERY OR CREMATORY (Stote) DATE THEREOF 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OC



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	= 0	0 = 0	21. I certify that (I) (this hospital) attended the deceased from Oct. 5, 1966, to Oct. 16, 1966, that 40	(we) las
	ATT reta	은	saw the deceased alive on 8 ct. 16 19 66, and that death occurred at 749 M, from the causes and on the date state 22a. SIGNATURE	ted above
	OR ATTEN be retain DIRECTOR:	page 3 filed w	Harry S. Builer M.D. ATTENDING MED. STAFF 10-16	5-66
	1 a	or, pa	22c. PHYSICIAN'S NAME (Type) HARRY 9. BITOTEN 22d. ADDRESS RUGOD STATE HOR	,
	Page FUN	director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county)	(State)
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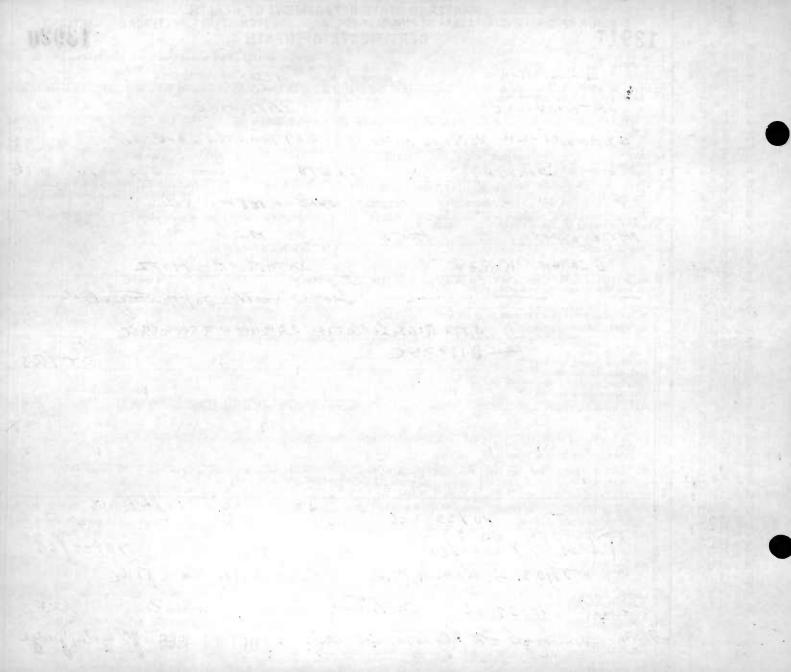
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(County)

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by is necessary director. Pag or your files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) UT NERS MYNERS STATION d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) e. IS RESIDENCE ON A FARM? avenue YES NO 3. NAME OF Middle DATE Month Dey DECEASED OF (Type or print) DEATH 19 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Hours WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give ind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Witc House MOTHER'S MAIDEN NAM 13. FATHER'S NAME perrae 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordeles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (6) (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Office Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO E 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED designal DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) Address (Street, city, town, or county) 22c. NAME OF 22a. BURIAL, CREMATION. CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 940 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S S 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYED CERTIFICATE OF DEATH funeral and 2 and 2 death PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 by the Baltimore MARYLAND Maryland Raltimore b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours a write RURAL and give nearest town) hours TOWISON Towson = papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 l d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Towson Convalescent Home 1800 Glen Ridge Road NOT YES completely carbon NAME OF First Middle Lest DATE Month Year Day DECEASED (Type or print) DEATH William Oliver Van Horn 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SFX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. етоме Months I Days Hours and any Male White WIDOWED DIVORCED October 1872 = 10a. USUAL OCCUPATION (Give kind of work done ) hysician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please pe during most of working life, even if retired) INDUSTRY and COUNTRY? School Teacher Balto, City requires that the death certificate Marykano US/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending of ermit. Then James Bayard Van Horn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Jenny Riley the att. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) cremation, 1800 Glen Ridge Road Mrs. Helen V. Scott been signed by the transit price to burial, cremation to burial, cremation 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 10 FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by p.m. at work at work 19 < 5, that (1) (we) last 21. I certify that (I) (this hospitally attended the deceased from saw the deceased alive on. and that death occurred at. M. from the causes and on the date stated above. 222 SIGNATURE DATE SIGNED 22b. ATTENDING MED. TO HOSPITAL C Page 4 may b M.D. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Cemetery Baltimore FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. Burgee Funeral Horze 3631 Fal Hs/Road VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY -1 Baltimore the MARYLAND Marvland Baltimore Pages urs aft b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) py write RURAL and give nearest town) oon papers. Pag within 72 hours 13.1 Towson .⊑ Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE 24 ON A FARM? 912 Breezewick Road NO W Breezewick Road completely f YES within 3. NAME OF First Middle Last DATE Month Day Year OECEASED remove carb OF (Type or print) Elvira DEATH Veneziano October executed 6. COLOR OR RACE | 7. MARRIED SFX NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and WIOOWEO 3 female white DIVORCED [ March ding physician a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR = 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY housewife Ttalv certificate TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Salvatore Cocilovo Josephine Mascari 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) death Ē signed by the att purial-transit permi Mrs. Violet M. Collins 912 Breezewick Road 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit p INTERVAL BETWEEN that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to Immediate the DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health use certificate PERFORMED? YES T NO T 20a. ACCIOENT WAS UNOERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached for the Dept. of i After this MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. - Not While at work at work p.m 0 0 21. I certify that (I) (this hospital) attended the deceased from 1963 to OCT. TO FUNERAL DIRECTOR: 3 should with the saw the deceased alive on. 1966 and that death occurred at 10 P.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO page ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S director, p NAME (Type) Kevin Timonium, Maryland Road. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Lorraine Park Cemetery | Baltimar REGISTRAR'S STENATURE and 24. FUNERAL OIRECTOR bme. Burgee Funera 66 VR A15 (4) OATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 392 law requires that the death certificate be executed within 24 hours after death death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Maryland Baltimore Baltimore MARY! AND any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 2vrllmthhdvs Gwynn Oak papers. d. STREET ADDRESS IS RESIDENCE ON A FARM? signed by the ottending physician and completely filled in buriol-transit permit. Then please remave corbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3230 Rolling Road STATE SPRING GROVE HOSPITAL YES NO T 3. NAME OF First Middle 4. DATE Month Last Doy Year DECEASED Lydia Vineyard 19 (Type ar print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** X 8. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS last hirthday) Manths Days Haurs March 20, 1892 female white WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? INDUSTRY saleslady West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremotion, or remaval Peter C. Vineyard Martha Looney 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 230 Rolling Rd. Herbert Garrett (Yes, na, ar unknown) (If yes give war ar dates of service) Records: SPRING STATE nknown unknown GRO VE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave Arteriosclerosis Heart Disease rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the skalled be filed with the State Dept. of Health prior to Generalized Arterioscleresis WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Cancer of the upper lin. 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While ot wark ta\_Oct. 12 , 1966 , that (I) (we) last 21. I certify that II) (this hospital) attended the blocked fram. Oct. 18 and that death accurred at M. fram causes and on the date stated above. saw the deceased alive on\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. SPRING GROVE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 57 21228 Baltimore, Maryland 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL (Specify) 10-14-66 LORRAINE CEMETREY 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Melanles VR A15 (4) 20 M 1/66 4600 Liberty Hghts. Avenue 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY p BALTIMORE BALTIMORECarr Marvland death MARYLAND delay and 3 t b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town)
Owings Mills after u Owings/Mills// Westminster 46 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 265 East Main Street IS RESIDENCE ON A FARM? Del haurs Rosewood State Hospital Rosewood/State/Hospital Give Pages YES NO X after death. alang with 3. NAME OF Middle First 4. DATE Doy Year DECEASED OF DEATH within GEORGE RYLE WAGNER -October 18, 19 66 (Type or print) with S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdoy) Item 18. Months Hours Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY .⊑ Examiner's pages 13. FATHER'S NAME within pencil File and be executed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service remayal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 Bronchopneumonia with lung abscess IMMEDIATE CAUSE (o) This certificate shauld writing the ward cremation, Cerebral Palsy DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUF TO D stoting the underlying couse gp lost burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? certificate, YES X NO ţq. pe shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. may be retained tar yaur FUNERAL DIRECTOR: Page foctory, street, office bldg., etc.) Not While ot work designated 21. I certify that I taak charge af the remains described above, held an Autopsy [X] Inspection [ Inquiry and in my opinion the funeral directar. death resulted from Natural causes X. Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ar DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** October 18, 1966 Health NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 66 CARROLL FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Muarles 1966 MODATE OCT 6M 1/66

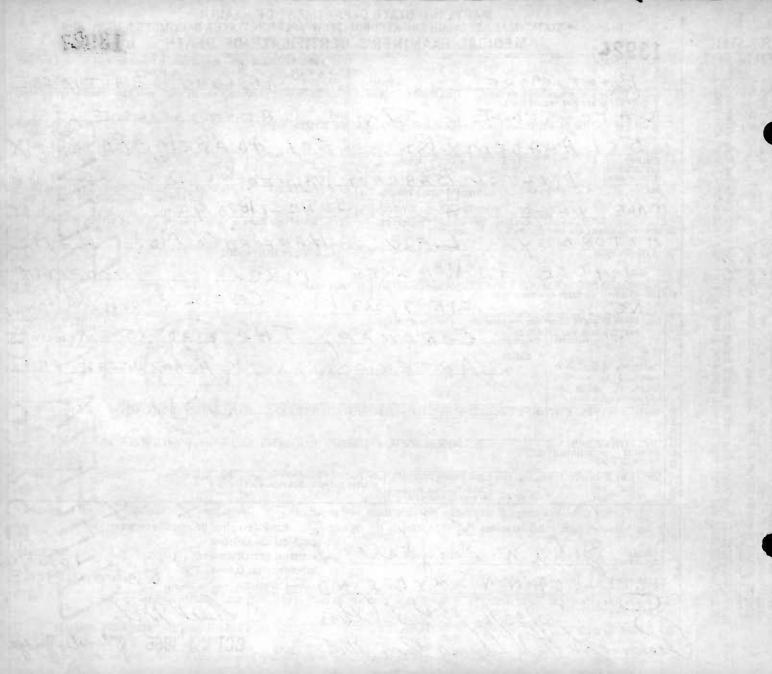
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Baltimore c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Towson, Md. 3vrs. Towson, Md. campletely filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 813 Stags Head Rd. 813 Stags Head Rd YES NO . - pau 3. NAME OF Middle 4. DATE Oct. 12,66 Year DECEASED Eliza A. Walker (Type or print) DEATH car 9. AGE (In years lost birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ANGOF BINTH, 1885 Months Dovs Hours WIDOWED # DIVORCED 母粒光拱井井登 81 W 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Housewife
13. FATHER'S NAME Thomaston . Maine 14 MOTHER'S MAIDEN NAME Walter B. Willey

1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Annie L. Dunn 16. SOCIAL SECURITY NO. Dr. Douglas Walker, (Yes, no, or unknown) ((If yes give wor or dates of service) 004 26 8916 813 Stags Head Rd. Towson 4 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO far 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Not While foctory, street, office bldg., etc.) at work L ot work pe 21. I certify that (I) (this hospital) attended the deceased fram August, 1963, to Olegania, 1966, that (I) (we) last saw the deceased alive an October 4 1966, and that death accurred at 350 M, fram causes and an the date stated above. be retained 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7800 York Rd. Towson, Md. 21204 L. Myrten Gaines. Jr directar 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, (County) BREMOVAL (Specify) Thomaston, Maine Oct. 17,1966 Village 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lianles VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson, Towson, Md. DATE

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13927
HEALTH DEPT.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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cess fund may partm partm	CATONSVILLE 5740 CATONSVILLE 031
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my de M3.	3. NAME OF DECEASED (Type or print) MILTUN BARRATT MALVED DEATH OF 20 19 66
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राष्ट्र हिंद	13. FATHER'S NAME
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4-7 1	(Yes, no, or unkown) (If yes give war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ited with in penci Examiner sit perm or remo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS ONSET AND DEATH MINUTES
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"pending" "pending" f Medical I burial-tran cremation,	Conditions, If any, which any which are to immediate (b) ARTERIOSCLEROTIC HEART DISEASE 10 fyngave rise to immediate
uld b d "p ef M a bu	cause (a), stating the DUE TO
shou Word Chie as a rial,	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
This certificate should be exemple to word "pendin rwarded to the Chief Medical should be used as a burial-trans, prior to burial, cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPST PERFORMED?  YES NO  PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
rtific ng t l to be u or to	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
R: This cer ate, writin forwarded 3 should b agent, prio	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20g. PLACE OF INJURY (Home, farm, factory, st
EXAMINER: certificate tould be fou les. R: Page 3: ignated ag	
EXAMINEE ute are certificate 4 should be your files. IRECTOR: Page 3 its designated a	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion
cute and contact a	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
ge 4 your likeCl	ACTUAL ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER 22., DATE, SIGNED,
xecute Page for you	EXAMINER'S DEPUTY MEDICAL EXAMINER OF CATONSUILLE
O DEPUTY MEI please execu director. Pag retained for 3 O FUNERAL DI of Health or 3	NAME (Type) The North Address (Street, city, town, or county)
o DEP pleas direct retair o FUN of He	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY . 23d. LONATION (City town or county) (State)
= = 0	24/ FUNERAL DIRECTOR / ADDRESS   25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	Timmorthe The Land they Md. DATE OCT 24 1966 Icharles Judge
5M 1/65	1 1 Variable Anna Comment of the Com



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death death. ampletely filled in by the funeral ve carban papers. Pages I and event, within 72 haurs after déath PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY BALTIMORE requires that the death certificate be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 50 DAYS BALTIMORE FORT HOWARD d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 1416 HOLBROOK AVENUE VETERANS ADMINISTRATION HOSPITAL NO T and campletery m 3 NAME OF First Middle 4. DATE Year Day DECEASED 19 66 WILLIE R. WASH INGTON OCTOBER 13 (Type ar print) DEATH IF UNDER 1 YEAR S. SFX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours AUGUST 20.1920 MALE NEGRO WIDOWED DIVORCED attending physician and sermit. Then please ter 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? U.S.A. LABORER FOUNDRY GREENVILLE. N. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval MARTHA EVAN GARFIELD WASHINGTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 16 burial, crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit TOUSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO CARCINOMA OF LUNG, RIGHT MONTHS Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificate a 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) Hour om foctory, street, affice bldg., etc.) Nat While at wark 21. I certify that (3) (this haspital) attended the deceased from 8/24/66 13/66 19 that2(1) (we) last 13/66 4: 10AM fram causes and an the date stated above. and that death accurred at O FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING RHYS. STAFF 10/13/66 PHYS. director, page shauld be filed 22c. PHYSICIAN 22H. ADDRESS NAME (Type) VAH FORT HOWARD, MARYLAND SHELDON KALMUTZ D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION BALTIMORE NATIONAL BALTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Minter Judge



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral s 1 and 2 ter death requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND within 72 hours after in by the fu ers. Pages b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 3223 Elmley Avenue St. Joseph Hospital YES NO T Middle remove corbon productions NAME OF 4 DATE Month WEBSTER Year ond completely DECEASED Fay October 28 66 19 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 11-19-97 last birthday) Months ouly e whi te Female WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRYSA during most of working life, even if retired) and Housewife Damascus. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removo Eunive E. Brandenburg Willie Norwood 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war or dates of service) 0 216-01-6777 James F. Webster, Item 2 No cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Arteriosc INTERVAL BETWEEN signed by the buriol-tronsit p Arteriosclerotic heart disease ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO r this certificate has been side to detached for use as the b stating the underlying couse Poge 4 moy be retoined by the hospital or ottending last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING (T) CAUSE OF DEATH 3 should be detoched with the Stote Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work O FUNERAL DIRECTOR: After October 200 00, that (1) (we) last 12 19 21. I certify that (1) (this haspital) attended the deceased fram. sow the deceased olive an October 289 66, and that death occurred at 5:25 M. From causes and on the date stated above. 22b. DATE SIGNED 66 22a. SIGNATURE Cancu STAFF PHYS. Fernando director, poge 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 20 Fernando 22c. PHYSICIAN'S York Road , Baltimore 21204, Md NAME (Type) Fernando Canon Dr. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Kemptown, Md. Providence Methodist Oct.31,1966 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Olin L. Molesworth. Damascus, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY I in by the fu s. Pages I hours after after Baltimore Maryland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours xfwhiretwn Parkville Fullerton) Balto. #36 papers. in 72 hg filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE 24 ON A FARM? within 7 8604 Harford Rd 15 Glade Ave YES ND executed within completely carbon NAME OF DATE First Middle Month Oay Year OECEASED 0F (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. David Charles Weeks етоле SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIEO 7. MARRIED last birthday) Months I Male Days Hours White and any June 26, 1966. WIDOWEO DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done I 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician rmit. Then please a during most of working life, even if retired) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. INDUSTRY Maryland USA 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Ronald C. Weeks Patricia L. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) None Mr. Ronald C. Weeks (Same) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN al-transit ONSET AND OEATH signed by PART I. DEATH WAS CAUSED BY: mu hospitate has been signed is certificate has been signed inched for use as the burial-tra IMMEDIATE CAUSE (a) OUF TO Cenditions, If any, which (b) gave rise to immediate OUF TO cause (a), stating underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? CERTIFICATI NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this certifi I be detached fo State Dept. of H 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be calculated with the State - Not While at work at work p.m. 1966 21. I certify that (1) (this hospital) attended the deceased from 19 00. that (1) (we) last and that death occurred at 10.30 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE OATE SIGNEO 22b. 00866 PHYS. DIRECTOR PHYS. M.D. PHYSICIAN'S **ADORESS** 22d. NAME (Type) (5000 m 18m) 8604 23c. NAME OF CEMETERY OR CREMATORY
Gardens of Faith Cemetery BURIAL, CREMATION, 23b. OATE THEREOF 23d. LOCATION (City, town or county) (State) Baltimore, Md. 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck Inc. Balto. Md. 21214 VR A15 (4) 20M 1/65

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1 (NA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 204	13000 CERTIFICATE OF DEATH
death. funeral and 2 death,	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi
ter of the fer of the	Baltimore County MARYLAND   Maryland Baltimore
rs after by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in I in I hour	Mount Wilson 24 days Essex
completely filled in by ve carbon papers. Page event, within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Mount Wilson State Hospital  d. STREET ADDRESS  Ell Framelin Ave yes \( \sum \text{NO} \)
within pletely arbon it, with	3. NAME OF DECEASED (Type or print) WILLIAM A. WEINKAM 0 Day Year OF DECEASED OF DEATH 10 2 19 66
requires that the death certificate be executed within iding physician. been signed by the attending physician and completely the burial-transit permit. Then please remove carbon for to burial, cremation, or removat, and in any event, with	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24H   Months   Days   Hours   Miles   Miles
e exe an an se rer	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
e be sician ease and in	Railwad working life, even if retired) INDUSTRY Maryland COUNTRY? USA
phy phy	13. FATHER'S NAME
nding Tree	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
death cert ne attendim permit. The	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unknown) (If yes give war or dates of service) 7/9 - 03 - 1336 Records, Mt. Wilson State Hospital
at the deat ian. d by the at ransit pern cremation,	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]
that the ician. ned by I-transi	PART I. DEATH WAS CAUSED BY: A cute mys can dial infarction Holan
· law requires that tatending physician. · has been signed been signed been signed been signed been as the burial-tran. · horior to burial, cre	Conditions, if any, which DUE TO Continuous anterior selevolis 640%
require ding ph been s the bu or to bu	gave rise to immediate
aw requi	cause (a), stating the DUE TO underlying cause last.
The law or atten cate has r use as ealth priid	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED
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of drain Pig	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED  YES IN NO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC the hos r this co detache te Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work
DING Ped by t After d be d be e State	
	21. I certify that (I) (this hospital) attended the deceased from 84., 1966, to 20.72., 1966, that (I) (we) I saw the deceased alive on 15.2. 1966, and that death occurred at 2.4% from the causes and on the date stated about
m (1) >	22a. SIGNATUBE AM   22b. DATE SIGNED
AL OR nay be L DIRE page 3	M.D. PHYS. DIRECTOR PHYS.
PIT m 4 m 4 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5	Wm. Newcomer, M.D., Superintendent Mount Wilson, Maryland
TO HOS Page ' To FUNI direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 10/5/66 5T, PAUL Sch Ref. Balto. Pred.
R	24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D BY REGISTRAR   25b. REC'STORY'S STENATORE ADDRESS  OCT 4 1966
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Maryland Packman L Saft imore County mostlik shubil 611 Framilia And Assissed Committees Live June 1 WILLIAM A. WEINKAM 9-13-1893. 73 Maryland DZU. Re- Oracl moreur MILLIAM WEINKAM SOPHIE HOUSE 729-03-1336 Mocords, Mt. Wilson State Hospital The Asiate him committee to the least the said The toward of the first section of the second section of the section of th Taxabardo Judinanay tubbreulistin 8 74. 66 16 TE 66 37.67 としい アンドランド - Askeonor, M. B., Superintendent Nount wilson, wary and The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

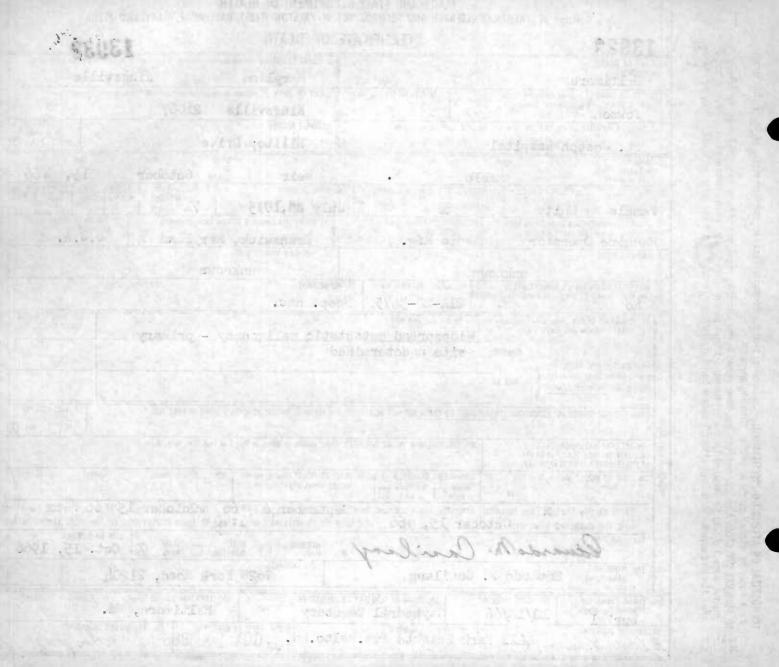
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH y filled in by the funeral on papers. Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside 1. PLACE OF DEATH o. STATE Maryland b. COUNTY Kingsville d. COUNTY Baltimore remove corbon papers. Pages 1 in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **TOWSON** c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Kingsville 21087 e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital, give street address) Hillton Drive NO X St. Joseph Hospital 4. DATE 3. NAME OF Middle Last Day Year DECEASED K. October 19 66 Weir Mable DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Haurs July 28.1895 x White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machine Operator 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? Radio Mfg. Brunswick, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending ph buriol-tronsit permit. Then buriol, cremation, or remain unknown unknown 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war or dates of service) Hosp. Rec. 214-20-3475 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Widespread metastatic malignancy - primary IMMEDIATE CAUSE (a). site undetermined 101E356 Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 3 should be detached far use os the with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e, PLACE OF INJURY (Home, farm, (City ar town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. While Not While ot wark at wark 21. I certify that the (this hospital) attended the deceased fram September 6, 1966, ta October 15 1966, that the deceased olive on October 15, 1966, and that deoth accurred at 1:40 M, from causes and on the dote stoted obove. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING Oct. 15. 1966 Exuardo Mdirector, poge 3 should be filed v PHYS. 22d. ADDRESS 7620 York Road, 21204 22c. PHYSICIAN'S Eduardo M. Canilang NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (State) (County) 23b. DATE THEREOF 23g. BURIAL CREMATION, REMOVAL (Specify)
Burial Baltimore, Md. Cayhedral Cemetery 10/18/66 4611 Park Heights Ave.Balto.Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTBAR'S SIGNATURE 24 FUNERAL DIRECTOR Vemondemmon

VR A15 (4) 20 M 1/66

Page 4 moy be retained by the hospitol or ottending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the

requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY Prince s. Pages 1 hours after Immore MARYLAND b. CITY DR TDWN (if outside corporate limits, c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) 24 hours .≡ completely filled in ove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE DN A FARM? ND X NAME DE First Middle Last 4. DATE Month Day Year DECEASED and complet remove carb any event, v DF (Type or print) WELCH DEATH 10 196 SEX 6. COLOR DR RACE ACE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours Min. - 65 WIDOWED DIVDRCED Sease read and in 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 11.5 A law requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME anning, Sharon JEAN Lryin Welch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Address (Yes, no, or unkown) (If yes give war or dates of service) Durings Mills dependent Kosewood Kecords been signed by the the burial-transit po or to burial, crematio INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating has b as th prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTDPSY this certificate has letached for use Dept. of Health p PERFORMED? for u NO YES [ CERTIFI 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 12De, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be dilled with the State Hour a.m. While Not While OR ATTENDING be retained by 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3554M, from the causes and on the date stated above. 19 66 saw the deceased alive on 22a. SICNATURE 22b. DATE SIGNED MED. OIRECTOR Page 4 may b M.D. FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Soecify) FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. VR AIS (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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in any event, within 72 hours after

TAL OR ATTENDING PHYSICIAM: The law requires that the death age
by be retained by the hospital or attending physician.

SECTOR: After this certificate has been signed by the attending lags a should be detached for use as the burial-transit permit. Then please

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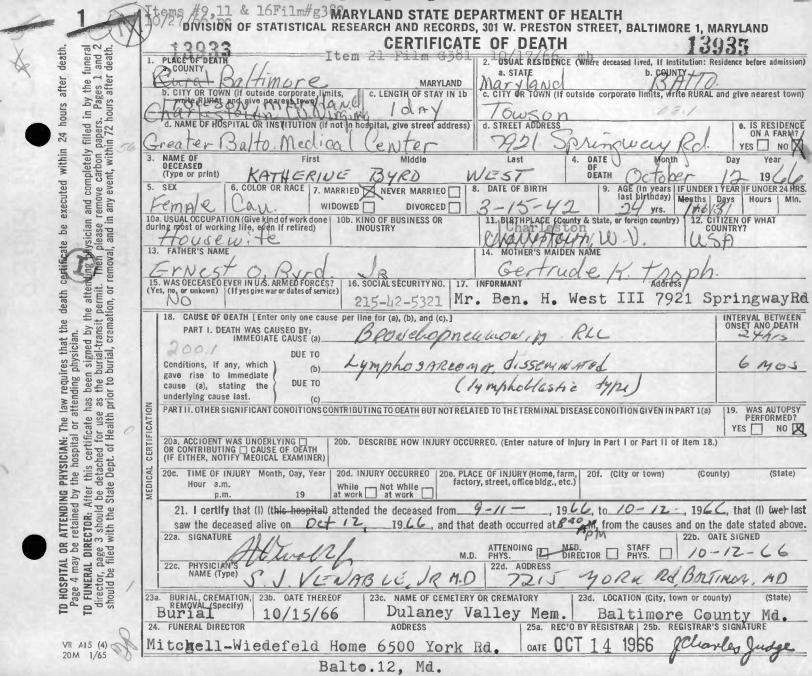
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Hour a.m.   19   While   Not while   factory, street, office bldg., etc.)		13932			CERTIFIC	ATE OF D	EATH			Reg. Dist	. No.	1542
Baltimore  d. NAME OF HOSFITAL (If not in hospital, give three address)  of Nistfital (If not in hospital, give three address)  of Nistfital (If not in hospital, give three address)  of Nistfital (If not in hospital, give three address)  of Nistfital Obota  3 NAME OF HOSFITAL (If not in hospital, give three address)  of Nistfital Obota  3 NAME OF HOSFITAL (If not in hospital, give three address)  of Nistfital Obota  3 NAME OF HOSFITAL (If not in hospital, give three address)  of Nistfital Obota  3 NAME OF HOSFITAL (If not in hospital, give three address)  of Nistfital Obota  3 NAME OF HOSFITAL (If not in hospital, give three address)  1 Note of Nistfital Obota  1 Ni	1.	a COUNTY	timore		MARYLAND	g. STATE						śmission)
Baltimore  d. NAME OF MOSTRAL (in oir hospitol, give three oddress)  O. RNSTITUTION  O. NO. No		b. CITY OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If o	utside corpo	rate limits, write RI	URAL and gi	ve nearest	town)
S. R.N.D. Motherhouse 64:01 N. Charles St. 64:01 N. Charles Street 21212 YES NO COLLARD ST. NO. (1) S. N.D. Motherhouse 64:01 N. Charles Street 21212 YES NO COLLARD ST. N.D. Mother DECLARD (1998 or print) Theresa (Sr. Mary Scholastica) Wendell  15. SEX 6. COLOR OR RACE 7. MARRIED NIVER NIVER MARRIED NIVER NIVER MARRIED NIVER NIVER MARRIED NIVER N					36 years	Balti	more				1	2/
December   Coordination   County   Co	1	OR INSTITUTION						Charle	es Street	21212	0	NA FARM?
S. SEX   A. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEV	3.	DECEASED						OF		th		
Female   White   WIDOWED   DIVORCED   Feb. 21, 1878   Standard   Doys   Hours   Min.	5.					-			9. AGE (In years	IF UNDER 1		
Table of the control		Female						3	last birthdoy)			
Stephen Wendell  15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and [o].]  18. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and [o].]  19. PART I. DEATH WAS CAUSED BY:  10. Conditions, if any, which gave rise to immediate couse [o], the limited piying couse lost.  10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [o] 19. WAS AUTOPSY PERFORMEDY YES IN NOW 19. WAS AUTOPSY PERFORMEDY TO PART II of them 18.)  20. ELINE OF THE NOR THE YES AUTOPSY PERFORMEDY TO PART II of them 18.)  21. I CERTIFICATION OF THE YES AUTOPSY PERFORMEDY TO PART II OF THE TIME TO PA	10	during most of work	N (Give kind of work ing life, even if retired	1				_				HAT COUNTRY?
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMATION NO. 17. INFORMANT NO. 17. INFORMATION NO. 17.	13	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				- 1
It yes, give me or dates of services   NO   ST e Mary Ernest S.S.N.D., 6401 Ne Charles Steen		Stephen	Wendell			Philon	nena :	Sontag	7			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), staling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES NO X CONTRIBUTING CAUSE OF DEATH (If ETHER NOTIFY MEET NOT		es. no. or unknown) 1 (					nest	s.s.1			Charl	es St.
DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES CONTRIBUTING TO PART II of item 18.)  20c. MECTOR TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI		A STATE OF THE PARTY OF THE PAR	H WAS CAUSED BY:		ne for (a), (b), and (c).]	0					INTERVA ONSET	L BETWEEN
Cause (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OC. TIME OF INJURY Month, Day, Year While at work at work.  19			DUE TO		. ASCI	rD.						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Additional City or town) (City, 10 and 19 20e. place of injury (Stote) (Stote) (Stote) (City or town) (City, 10 and 20 20e. place of injury (Stote) (Sto		cause (a), stating t	he under-									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 19 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  21. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Home, farm, 20f. (City or town) (County) (Stote)  22. I certify that I attended the deceased from 19 20e. place of injury (Additional City or town) (City, 10 and 19 20e. place of injury (Stote) (Stote) (Stote) (City or town) (City, 10 and 20 20e. place of injury (Stote) (Sto	CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	Pi	ERFORMED?
21. I certify that I attended the deceased from Puch 1960, to Oct 26 1960, that I last saw the deceased alive an Oct 20 1960, and that death accurred at 3:40 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE DATE SIGN M.D. 201 E. Joppa Road Towson, Maryland 2120.  220. BURIAL, CREMATION, Park THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  BUT121 BURIAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR'S SIGNATURE		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in P	ort I or Par	t II of item 1B.)			
alive an Octo 20 19 6, and that death accurred at 3:40 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S Robert J. Mahon, M.D.  204 E. Joppa Road Towson, Maryland 2120.  22a. BURIAL, CREMATION, 122b. DATE THEREOF REMOVAL (Specify) BUT121  22b. DATE THEREOF Villa Maria Notch Cliff Glenarm, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS.  24a. REC'D BY REGISTRAR'S SIGNATURE	MEDICA	Hour a.m.		While	Not while	PLACE OF INJURY (H actory, street, office	lome, form bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Robert J. Mahon, M.D.  204 E. Joppa Road Towson, Maryland 2120, 1966  220. BURIAL, CREMATION, 122b. DATE THEREOF 10/29/66  Villa Maria Notch Cliff Glenarm, Maryland 223. FUNERAL DIRECTOR'S SIGNATURE  240. REGISTRAR'S SIGNATURE  ADDRESS. 10/29/66  ADDRESS. 10/20 BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			Pl man a m	deceas		, ,,	, to 0	M from				
NAME (Type) ROBERT 3 - MARION, Maryland 2120.  22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 10/29/66 Villa Maria Notch Cliff Glenarm, Maryland 220.  23. FUNERAL DIRECTOR'S SIGNATURE SIZE ADDRESS DR. 24a. REC'D BY REGISTRAR'S SIGNATURE		ACTUAL	Colut	1.	Molorus)					state)	,	DATE SIGNED
REMOVAL (Specify) Burial  10/29/66  Villa Maria Notch Cliff Glenarm, Maryland  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS. D. 240. REGISTRAR'S SIGNATURE  240. REGISTRAR'S SIGNATURE		PHYSICIAN'S ROMANE (Type) R	obert J. M	ahon,	M.D.	204 E.	Jopp	a Roa	d Tows	on, Ma	rylar	nd 21204
23. FUNERAL DIRECTOR'S SIGNATURE STORESS. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	22	REMOVAL (Specify)					ff					(State)
KRYMONDU CURRAN TOWSON MOZIZOU DATE NOV 10 1966 Scharles Judge	23	RYMONDY .C	SIGNATURE	517	SCARLETT DR		240. REC'E	BY REGIST		TRAR'S SIGI		udge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY BALITIMORE MARYIAND MARYLAND edse remave carban papers. Pages 1 and in any event, within 72 haurs after b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 2 DAYS BALTIMORE FORT HOWARD e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled 609 N. PACA STREET YES NOX VETERANS ADMINISTRATION HOSPITAL 3. NAME OF Middle DATE Doy Year First campletely DECEASED OCTOBER WILLIAM K. WEST 16 66 DEATH (Type or print) certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) APRIL 3, 1915 MALE NEGRO WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY BALTIMORE, MARYLAND U.S.A. TRUCK DRIVER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remava UNKNOWN UNKNOWN 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, no, or unknown) (If yes give wor or dotes of service) 212 12 65 68 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD YES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (o) signed by DUE TO UNKNOWN Conditions, if ony, which gove HYPERTENSION rise to immediate couse (o), DUE TO stoting the underlying couse priar to Page 4 may be retained by the haspital ar attending use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has MEDICAL CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work 21. I certify that (F) (this hospital) attended the deceased from 10/14/66 19 ta 10/16/66, 19 that \$1) (we) last saw the deceased glive on 30/16/66 19 , and that death accurred a8:05PM, from causes and an the date stoted above. directar, page 3 shauld shauld be filed with the 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. X ATTENDING estan 10/18/66 EKes M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) BALTIMORE, MARYLAND 10/20 LOUDEN PARK NATIONAL 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR Member VR A15 (4) 20 M 1/66 N. Madison Ave.

1.3 Jan Destroy Language · Secretarion of the control of the 

	1		By .	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
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icate be executed within 24 hours after death.	funeral and 2	77	1.	PLACE OF TEATH  a. CDUNTY  Baltimore  MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If Institution: Fa. STATE  Aruland  b. COUNTY  Ba	Residence before admission Ltimo ne
afte	the afte			b. CITY DR TDWN (if outside corporate limits.   C. LENCTH OF STAY IN 1b   C. CITY DR TDWN (if outside corporate limits, write RIBA)	
Suns	etely filled in by the furbon papers. Pages 1, within 72 hours after			Towson 21204 Lutherville 21093	13.1
4	led Pers 72 i	00		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
in 2	y fill	90		Holly Hill Nursing Home 305 North Avenue	YES NO
with	and completely remove carbon any event, with		3.	NAME DF First Middle Last 4. DATE Month DF DF DEATH October 7	0ay Year , 196619
uted	comple ve car event,	•	5. Z	SEX   6. COLOR OR RACE 7 MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   IF UNDER	
exec	and remo	-23		WIDOWED   February 19, 1005 of yrs.	
be	attending physician rmit. Then please n, or removal, and in		1.1	Ing most of working life, even if retired) INOUSTRY	OUNTRY?
cate	phys pld r			FATHER'S NAME 14. MOTHER'S MAIDEN NAME 101	71
1	ding pl Then remova			Absalom Bixler Ann Elizabeth (?)	
	tend nit.			WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. SDCIAL SECURITY ND.   17. INFORMANT Address s, no, or unknown)   (If yes give war or dates of service)	
deat	the attending permit.		_/	None Family records	
requires that the death	by the			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OFATH WAS CAUSED BY: Day I man Cause of the cause of	ONSET AND OEATH
hat	2 2 2 2	2		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary fibrosis	
es t	been signed the burial-tra			Conditions, If eny, which (b) Emphysema	20 years
quir	been the b		Н	gave rise to immediate cause (a), stating the DUE TD	20 10010
W re	has b as tl prior		7	underlying cause last. (c)	
The law			4T101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMEO?
	ficat for u	0	IFIC/	Congestive heart failure  20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18	YES NO
PHYSICIAN:	certined to of	33	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Detri		MEDICAL	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (Confidence of the confidence of the	unty) (State)
SE	After d be c		ME	p.m. 19 at work at work	
ATTENDING	DIRECTOR: A age 3 should lifed with the			21. I certify that (i) (this hospital) attended the deceased from 12-3-63, 19 to 10-7-66, 19 saw the deceased alive on 9-30-66 to 19, and that death occurred at 3 M, from the causes and on t	, that (I) (we) las
A	3 sh			22a. SIGNATURE   22b. D	ATE SIGNED
	- mm	33		Ariala Olocal M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	
O HOSPITAL	o FUNERAL I director, pag should be fil			22c. PHYSICIAN'S NAME (Type) 22d. AODRESS	
HOS	O FUNER director, should b	/	23a		unty) (State)
5,	D p	10	-	Curial (Specify) Oct. 10, 1966 Dulaney Valley Memorial Cem. Cockeysville,	Nd.
		M	24	007 10 4000 00%	is signature
	AI5 (4) M 1/65	Ja		John Burns Sons, Towson, Maryland OATE UCI I 3 1966 gue	and made

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Congestive Feart Pailure

12-3-6**3** 5:30 110-7-66

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13936

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 13938

1. PLACE OF DEATH o. COUNTY			2. USUAL RE	IDENCE (Where	deceased lived. If institu	ution: Residence	before admission)			
6. COUNTY	BALTIMORE	MARYLA	ND O. STATE	MARYI	AND b. COUN	ſΥ	-			
RURAL and give nee	outside corporate limits, write orest town)	c. LENGTH OF STAY IN	16 c. CITY OF	TOWN (If outside	de corporote limits, write	RURAL ond give	nearest town)			
Towson			BAI	TIMOR	E		30 4			
OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET	ADDRESS	EMERSON	HOTEL	e. IS RESIDENCE ON A FARM?			
	Y-Towson Co	NV. HOME	MA.	RYLAN	D		YES NO			
3. NAME OF DECEASED	First	Middle	L	ost 4.	DATE M	onth	Day Year			
(Type or print)	MARY	HELENE		LIS	DEATH OCT	•	3, 1966			
5. SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIR	ТН	9. AGE (In year lost birthdoy	Months Do	EAR IF UNDER 24 HR			
FEMALE	WHITEDOW			ABO	OUT 53 YA	8				
during most of worki	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHI	LACE (Stole or fi	oreign country)	12. CITIZE	N OF WHAT COUN			
10.51511511	AT HOME			ALTIMO						
13. FATHER'S NAME			14. MOTHER	S MAIDEN NAM	E					
10 MAR DECEMBED EVEN		ILLIS		SOPHIA	1 VOGE	ER				
1S. WAS DECEASED EVER	TN U. S. ARMED FORCES? 16. f yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	L HAMM	Ac TOLLE	Idress Cm	House			
			MR. HAL	L NAMM	OND TOWS	ON CT	HOUSE			
	TH [Enter only one couse per li	ne for (o), (b), and (c).]	A .				INTERVAL BETWEEN			
PART I. DEAT	H WAS CAUSED BY: HE	patic Ins	effecien	CH			2 mo.			
1538	1538 DUE TO 1									
	Conditions, if ony, which) (b) Metastatic Carcinoma 9 mo									
gove rise to im couse (o), stoting th										
lying couse lost.	(c) Ca	remone	- of the	colon	w		1 year			
PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT WOT RELATED T	O THE TERMINAL	DISEASE CONDITION O	IVEN IN PART 1	o) 19. WAS AUTOPS			
3 Cere	bral paloy						YES NO			
20a. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING () 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Port	I or Port II of item 18.)					
20c. TIME OF INJURY			. PLACE OF INJURY	(Home, form, 2	POF. (City or town)	(Cour	nty) (Stot			
Y 20c. TIME OF INJURY Hour o. m.	19 While of wor		foctory, street, offic	te bldg., etc.)						
	at I attended the deceas	ed from // Ca	ev 194	9, to 30	chalman sol	/ 11				
alive on 10	chober 196	, ,	-9		ctober, 196					
dillo dillo	alive an 100 four, 1966, and that death accurred at 5:00 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE, SIGNED									
ACTUAL SIGNATURE	trusted &	orband	un Conto	eula M	in Part	Parto	46			
1			M.D. C	7-9-1-6	ALL LANGE TO LEAD IN	- Lymaker	scown Inc			
PHYSICIAN'S NAME (Type)	V			'						
220. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	220	I. LOCATION (City, town	or county)	(Stote)			
REMOVAL (Specify)	10/5/66	Dente		METER	-	SVILLE	3/-			
23. FUNERAL DIRECTOR'S		ADDRESS	VIDGE OF	240. REC'D BY		GISTRAR'S SIGNA	,			
H. W. MEA	RS & SON 80	05 N. CALI	VERT ST.	DATE 00	6 1966	11 iane	in findal			

VS A15 (4) 1SM 10/S7

.14 TEN NETTHE MIRHOL . CT MOSTO COMPANY THE PARTY OF THE P THE RESIDENCE OF THE PARTY OF T

Med in by the funeral leges 1 end 2 should within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. Page sy be retained by the hospital or attending physician.

TO FUNER: "RECTOR: After this certificate has been signed by the attending physician and completed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 1 and 3 be filed with the Stete Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 15M 7/61

MEDICAL CERTIFICATION

23a. R

MARYLAND STATE	DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECOI	RDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
CERTIFICA	ATE OF DEATH	13030
1. PLACE OF DEATH	III G G S S II / 4 / 66 Mh	and lived, If institution; Residence before edmission)
a. COUNTY	a. STATE	b. COUNTY
Daltimore County MARYLAND		Balt, triy
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	b c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
Kandallstown 5 mos.	Baltimore	73-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Charel Hill Convalescent Home	3711 Craydon Ro	ON A FARM? YES NO [2]
3. NAME OF First Middle	Last 4. DATE	Month Day Year
(Type or print)	linkler OF DEATH	Oct. 24 10//
rania Giace M	JIMNIEI	000.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 100 7   las	GE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Months   Days   Hours   Min.
WIDOWED DIVORCED	3-21-1881	>9 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY   11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
cone during most of working life, even if relifed)	New York	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
13000 Allen	Belle Blackmar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	INFORMANT	Address
(Yas, no, or unkown) (Ifyesgivewerordelesofservice)	/. INFORMANT	Address
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	· ~ P	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	a ande al Tho	miles / the
		correct of
DUE TO ( )	0 +1	
Conditions, if any, which gave rise to immediate cause	correy.	
(e), steting the underlying DUE TO	P .	
cause last. (c)	0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
AAI		YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Enter nature of injury in Pert I or Pert II of i	
OR CONTRIBUTING CAUSE OF DEATH		
Co. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.  Hour a.m. 20d. INJURY OCCURRED 20e.  WhileNot While	PLACE OF INJURY (Home, ferm, 20f. (City or 1 factory, street, office bldg., atc.)	lown) (County) (State)
ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While et work 19 et work		1
21. I certify that (I) (this hospital) attended the deceased fro	m / A/ 2 C/. 18 C. to/0	126 1, 196 6 that (I) (we) last
10/10/1	170	e causes and on the date stated above,
	nar deam occured al z	
22e. SIGNATURE		STAFF 22b. DATE SIGNED
Then & Martin	M.D.	PHYS.
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS	
VIM = MARIA	Haudallal	Tra
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Spacify) 10-28-66 Daltimore	RY OR CREMATORY   23d LOCATIO	ON (City, lown or county) (State)
	Mational Balti	more, Ma.
Burial  24 SUNDEAU DIRECTOR'S SIGNATURE  ADDRESS	250 DEC'D BY DECICEDAD	25h. REGISTRAR'S SIGNATURE

Witzke D.-4101 Edmondson Av. DATE OCT 3 1 1966

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1	tem 20 Film 382 11-7-66 *MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	13938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore
ath. If any delay is ogges 1, 2, and 3 to the farm PM3. Page State Deportment of 2 haurs after death.	b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)  **COLITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)  **Parkville**  **Parkville**  **Colity OR TOWN (if autside corporate limits, write RURAL and give nearest town)  **Parkville**  **Parkville**
h. If any doges 1, 2, and farm PM3 atte Deportm	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)  St. Jospeh's Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
hours after death. If at Item 18. Give Poges 1, 2 Office olang with farm large with the State Dependent of the Sta	3. NAME OF DECEASED (Type or print) Howard E. Winneberger 4. DATE Month Day Year OF DEATH October 24 19 66
18. Gi	5. SEX Male  6. COLOR OR RACE White  7. MARRIED NEVER MARR
	10a. USUAL OCCUPATION (Give kind of work done during mos) of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I within 24 in pencil in Examiner's File pages and in any	13. FATHER'S NAME  Howard Winneberger  14. MOTHER'S MAIDEN NAME  Ruby E, Taylor
executed in Medical Experimit. Firemanal, ar	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, at unknown) (If yes give wor at dates af service)  No None  16. SOCIAL SECURITY NO.  17. INFORMANT  Family Records
be e per per per per per per per per	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  INTERVAL BETWEEN  ONSET AND DEATH
ate shauld be e g the ward "per ed ta the Chief I a burial-transit cremation, or re	Conditions, if any, which gave ) (b) Barry Ken Nock
certificate shauld writing the ward rwarded ta the Cl	rise to immediate couse (a), stating the underlying cause lost.    DUE TO   Column
5 5 9 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
生	PERFORMED? YES NO   20a. EXTERNAL CAUSE WAS PRIMARY Char CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item i8.) Thrown from Honda (motorcycle) Traveling at high rate of speed, head struck stone wall
AMIN e the e 4 sh aur fil ige 3 s	20c. TIME OF INJURY Manth, Day, Yeor  20c. TIME OF INJURY Manth, Day, Yeor  12: 45 Ann. Oct 24 19 66 While of wark of
execution of the state of the s	21. I certify that I taok charge of the remains described above, held on Autopsy, Inspection Inquiry, and in my opinion death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined monner
MEDIA please I director retained DIREC	ACTUAL SIGNATURE ACTUAL EXAMINER ACTUAL
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. Address (Street, city, town, or county)
TO D L L L L L L L L L L L L L L L L L L	23a. BURIAL (REMATION, REMOVAL (Specify), 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
VR A15ME (5) (6)	24. FUNERAL DIRECTOR JOHN JOHN JOURN DATE OCT 3 1 1966 ICharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY h. CDUNTY after by the Pages MARYI AND b. CITY OR TOWN (if outside corporate limits, C. LENGTH DE STAY IN 1h c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give pearest town) bon papers. Pag within 72 hours hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE 24 ON A FARM? executed within NAME DE Middie Month First 4. DATE Day DECEASED DF event. compl Car (Type or print) DEATH 5. SEX AGE (In years / FUNDER 1 YEAR II FUNDER 24 HRS 6. COLOR OR RACE Ve MARRIED NEVER MARRIED last birthday) | Months | Davs Hours any WIDOWED DIVORCED VIS. 1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ase during most of working life, even if retired) INDUSTRY certificate FATHER'S NAME MDTHER'S MAIDEN NAME 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 06. SDCIAL SECURITY NO. 10 death (Yes, no, or unkown) | (If yes give war or dates of service) transit perm cremation, CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY Health PERFORMED? certificate ND [ YES [ PHYSICIAN: this cerus detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work D 19 0 0 that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from 50. 19 (a 6. to DIRECTOR: age 3 should lied with the 0 19/10/10 saw the deceased alive on and that death occurred at. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING TO FUNERAL DIRE director, page 3 should be filed v MED. STAFF wan mm M.D. DIRECTOR PHYS. TO HOSPITAL 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) MM (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOGATION (City, town or county) 23d. BEMDVAL (Specify) ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. rapley VR A15 (4) 20M 1/65

where they arrive they are in the APPENDING TO THE PROPERTY OF T 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 8 & 9 Film G CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE requires that the death certificate be executed within 24 haurs after Baltimore MARY! AND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) and completely filled in by "altimore 27 206 Baltimore event, within 72 ho. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Josephs Hospital 4933 Sinclair Lane YES NO T Wozosck DATE 3. NAME OF Middle Year Doy DECEASED Vladvslawa (Type or print) WRZOSEK DEATH October AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Doys X and in any female white WIDOWED DIVORCED 15, 1896 AYTSIS. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, of threigh country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Jacob Cwalinski Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, po orunknown) (If yes give wor or dates of service) Walter Wrzosekl 1921 Bank Street None IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Pulmonary infarction burial-transi IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the priar to lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO Broncho pneumonia 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While ot work 21. I certify that (M (this haspital) attended the deceased fram October 22 19 66 to October. 319 66 that (M (we) last saw the deceased alive on October 31 19 66, and that death accurred at 2:15 M fram causes and an the date stated abave. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd. Baltimore Md. NAME (Type) Or juela-Gomez .MdD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) (County) 23o. BURIAL, CREMATION, REMOYAL (Specify) 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATNOV N M. WEBER +SONS INC. 401 S. CHESTER

MARYLAND STATE DEPARTMENT OF HEALTH

LIFE PI COMPANIE SECTION . THE inec IRII Illegos of redigit but anow and the latest the second of t to period attacks and the partie of the property of the property of the period of the take also although the more than the control of the Net 1200 130 100 1 1 (07) 2 1 1 A CONTRACTOR OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1207.1 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the attending physician ond completely filled in by the funeral sit permit. Then please remove corbon popers. Pages I and o. COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) event, within 72 hours 21.204 Baltimore 20 yrs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 512 Fairmount Ave. St. Josephs Hospital YES NO 3. NAME OF Middle 4. DATE DECEASED October 66 Clarence YEAGER DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthday) Months Days Hours white male DIVORCED WIDOWED Feb. 4, 1899 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT removation in during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 375-05-2685 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ruptured thoracic aneurysm. IMMEDIATE CAUSE (a). DUE TO Canditions, if any, which gave Arteriosclerosis, generalized, severe, rise to immediate cause (a), DUE TO stating the underlying couse Page 4 moy be retoined by the hospitol or ottending IO FUNERAL DIRECTOR: After this certificate hos been as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION for use Health YES IK NO T 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Not While at wark 21. I certify that (this haspital) attended the deceased fram September 18 1966, to October 1,7966, that (we) last saw the deceased alive on October 17 1966, and that death accurred at 6:05 M, fram causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 10/17/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M.S. Cockburn, M.D. 7620 York Rd., Baltimore, Md. 21204 director, 23c, NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Melanley VR A15 (4) 20 M 1/66 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2019 after death. deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. coungaltimore a. SMI b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catons ville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours Catonsville hours .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6162 Regent Park Drive 6162 Regent Park Drive YES NO executed within completely 1966 Year NAME OF Middle DECEASED Yekstat OF Veronica Baer Iden physician and comple Then please remove carb removal, and in any event, DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 5. SEX 8. DATE OF BIRTH NEVER MARRIED Wh WIDOWED PA DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. during most of working life, even if retired) Baltimore, Md. Ret - I Maid 14. MOTHER'S MAIDEN NAME Late -Michael Young Sarah Galloway 17. INFORMANT Address ed by the attenctransit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Mathilda Benner-6162 Regent Pk. been signed by the the burial-transit of to burial, cremating CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO r this certificate has been detached for use as the the Dept. of Health prior to cause (a), stating the underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1956, to Oct director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 27 19 66, and that death occurred at 100 PM, from the causes and on the date stated above. saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Page 4 may 1 M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) Nelson McKav 6014 Edmondson Ave. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 10-31-66 Baltimore, Md.
PECID BY REGISTRAR'S SIGNATURE Parkwood Cem. 24. FUNERAL DIRECTOR **ADDRESS** 25a. Witzke F.D.-4101 Edmondson Ave. DATE 15M 4-64

大意 共 通 美 content the lot through the an see Cold-tenne - tribian . ball. a . ava montheum aff take fig. - M. L. Launden Mr.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13943 death. requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Pikesville rikesville o vrs. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Hawthorne Ave. 115 Hawthorne Ave., Pikesville 8, Md. YES NO K 3. NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) Yost October Karl 19 66 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours birthdoy) White WIDOWED DIVORCED Nov. 26, 1899 Male 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Baltimore Md. II.S.A Union Trust Co. Retired 13. FATHER'S NAME Elizabeth Kohlepp Andrew Yost IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addpskesville 8.Md. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Bernadine E. Yost. 115 Hawthorne Ave. 217-14-1727 No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH TULMONARY EMBOLISM IMMEDIATE CAUSE (o) signed by DUF TO PORTIC STENOSIST INSUFY: MITRAL STENOSIS 57 Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work , 1946, ta 607 19, 1966, that (1) (we) last 21. I certify that (1) (this hespital) attended the deceased fram\_ saw the deceased alive an SEPT. 27 1966, and that death accurred at 145 P.M., fram causes and an the date stated abave. 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. M.D. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S HERBERT GOLDSTONE M.D. 3643 GLENGYLE AV. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Baltio., Md. Pikesville Druid Ridge Cemetery Oct. 22, 1966 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

brill, Tank Safe of which again to THE SECTION OF THE SEC. Indiment hamen wi ale - Mate CV m / Catalog land at 14,1885 - Mc Deliver to line that each to be tree. SAME AND SAME AND SAME AND ASSESSMENT OF SAME ASSES Land Company of the Company Melvin - 10-1-2966 St. Stanialana ACCOUNT TO THE COURT OF THE COU TOPOLI, SUB. Falthors, Marchine 2002.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13945	Division of STATIS	IICAL KESE			OF DEATH	EI, DALIIMOR	E, MAKILA	1394	7
	PLACE OF DEATH	9470,		MARYI	AND	2. USUAL RESIDENCE (W o. STATE	/here deceased live	ed, if institutio b. COUNT	Y O	before odmission)
	b. CITY OR TOWN (I	f autside carparate limit give nearest tawn) M-4 No A		c. LENGTH OF STAY IN	l lb	C. CITY OR TOWN (If aut	mano f		AL and give ne	earest tawn)
,	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in haspital,	give street address)		d. STREET ADDRESS	MAPL	E		e. IS RESIDENCE ON A FARM? YES NO Z
	NAME OF DECEASED (Type or print)	Fil	rst	Middle 2	2 /M	Last MERER	4. DATE OF DEATH	Manth ØCT		Day Year 2-4 1966
S. :		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	□   8	DATE OF BIRTH	l last	(In years birthday) / yrs.	Manths Do	EAR IF UNDER 24 HRS ays Haurs Min.
duri	ing most of working			IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County)	ny	ountry)	12. CITIZE COUNT	N OF WHAT
	FATHER'S NAME	MFER	5			14. MOTHER'S MAIDEN N				
1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates o	( · )	SOCIAL SECURITY NO. 6-34-7835		FORMANT  D 2/MM	ERER	Addres 76	17 M.	APLE
	1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	(o) M	(o), (b), ond (c).) = TA STA 7	10	CARCIA	SOMA	OF		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, rise to immediat stoting the under	which gove e cause (o),	TO (b) C	VARY						2 MONTH
NO	last.	)	(c)ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN F	'ART 1(a)		19. WAS AUTOPSY PERFORMED?
CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in F	Port I or Port II af	item 1B.)		YES NO
MEDICAL	,	JRY Manth, Day, Year	20d. I While at war			E OF INJURY (Hame, farm ry, street, office bldg., etc.)	, 20f. (City	or town)	(County	y) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram AUG 24, 1960, to OCT. 24, 1966, the saw the degreesed alive an OCT 22 1966, and that death accurred at 2500 M, from causes and an the date									date stated obov	
	M.D. PHYS. DIRECTOR PHYS. C									25,1966 EX, MO.
	NAME (Type			1-1, 41.0.	TERV OR (	108 S. TI			21	1221
	BURIAL, CREMATIC REMOVAL (Specify BCFC (7)	10/2	/	23c. NAME OF CEME  ADDRESS	el de	Kearo	23d. LOCATION	lto.	GISTRAR'S SIGN	
24	. FUNERAL DIRECTO	00 0	1	3006	me		T 2 7 19			as Quedal "

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or lethoval, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 13946 requires that the deoth certificate be executed within 24 haurs after death. icion ond completely filled in by the funerol leose remove carbon popers. Poges 1 and 2 and in ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH a. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town), Baltimore 14 days d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2401 Taylor Ave. Saint Joseph Hospital YES NO X 3. NAME OF Middle 4 DATE First Day Year pleose remove carbon DECEASED OF DEATH Zimmerer Sr. 1966 G October 24 John (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED los pjethday) Months Davs Hours 4/8/1921 Male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physicion c TOUNTRY? during most af warking life, even if retired) Suburban Cab. Co. Baltimore. Maryland Driver 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME S. George Zimmerer Mary Ulrich attending parameters 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) permit 213-14-3188 Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Hepatic Insufficiency INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or ottending physician. DUE TO Cirrhosis of the Liver Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying cause os the prior to this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use State Dept. af Heolth CERTIFICATION Subtotal Gastrectomy YES DO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While at wark at work FUNERAL DIRECTOR: After e deceased from 10/10 , 12 66, to 10/24 , 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from 10/10 saw the deceased alive on 10/24 19.66, and that death 1900 that (I) (we) last director, page 3 should should be filed with the saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR **ATTENDING** STAFF PHYS. 10/24/66 M.D. PHYS. AUDES O York Road Baltimore, Md. 21204 22d. Cockburn M.D. S. M. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 10/27/66 Balto National Cem Balto 9 Md 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 & SON 8802 Harbord rd. C.F. EVANS 1966 DATE

THE SHOE SHOWERS NAMED • \*\*\* The state of the contract of the state of th of the second interest to the second in the a low properties which there will be a series of the serie SHIP OF SELECTION SELECTION OF And I does to foo male to be brodered south those and a supply to a